

Memo on Agenda Items

Thursday, October 15, 2020 9:11 AM

Consent Agenda

Claims and Payroll Docket will be sent via a separate email from County Auditor Jennifer Andel.

The minutes from the October 12th Board of Commissioners meeting is included in the packet.

New Business

Request from Probation Department for Monthly Cleaning

The County was awarded a grant from the Indiana Criminal Justice Institute for COVID-19 related expenses for the Court system. A portion of the grant was for monthly deep cleaning, sanitizing and anti-microbial treatments at the Probation Department for 15 months at a total estimated price of \$6,350.40. The Probation Department is requesting authorization to proceed with the monthly cleaning as provided for in the grant.

Authorizing the 2021 Bid Notice-Highway Department

Annual bid for materials including gas and aggregates.

Approval of 2021 Insurance Plans including Rates

The packet includes a memo from Patti Boudrot of Apex regarding their recommendations for the 2021 insurance for medical, dental, vision, life/ADD, short term disability and long term disability.

The packet also includes a review of the proposed benefits, a report on the insurance savings, a document showing options for RX, a document showing options for health insurance premiums and an analysis of medical claims.

Ordinances

2nd Reading: Ordinance 2020-36: Creating HMEP 2020 Hazmat Grant Fund

The Emergency Management Agency received a \$13,795 grant for the purchase of equipment related to its hazardous materials mass notification system. The Ordinance creates a new fund for the grant, so it can be expensed.

2nd Reading: Ordinance 2020-37: Establishing Montgomery County Mapping Department

Currently, the GIS/Mapping Division is part of the Building Department with Mike Davis as the staff member responsible for managing the division. The Ordinance proposes to reorganize the functions in to a new Department. The Director of the new Mapping Department would be appointed by the Board of Commissioners and would report to the County Administrator. The reorganization will not result in an increase in the cost of the service provided to the various Departments. The reorganization will provide for a clearer chain of command for the provision of these services to our Departments and to our residents.

Bid Openings

Information Technology Equipment Bid

Bid is for 80 Notebooks for remote work, if necessary. CARES Act funds will be utilized.

Access Road to Landfill Quote

Sealed quotes will be opened during the Board of Commissioners meeting. The road will be constructed from Memorial Drive to the landfill.

Bridge 79 Bid

Sealed bids will be opened during the Board of Commissioners meeting. Project involves constructing a new bridge in a new location and realigning the roadway approach to eliminate a dangerous "s" curve. Bridge is located on 100 West between 300 North and 400 North. The project will be financed with a Bridge Bond up to \$2 million.

Agenda

Thursday, October 15, 2020 9:12 AM

Agenda
Montgomery County Board of Commissioners Meeting
October 26, 2020 8 am
100 East Main Street – Room 103
Crawfordsville, Indiana

Call to Order: Board President Jim Fulwider

Pledge of Allegiance and Prayer

Consent Agenda

Approval of [Claims Docket](#) and [Payroll Docket](#)
October 12 to October 26, 2020

[Minutes](#)

October 12, 2020 Meeting

Old Business

New Business

Request from [Probation Department](#) for Monthly Cleaning
Authorizing the [2021 Annual Bid Notice](#) – Highway Department
Approval of 2021 Insurance Plan including Rates

[Insurance Memo from Apex](#)

[Benefit Review Report](#)

[Insurance Savings Report](#)

[RX Options](#)

[Health Insurance Premium Options](#)

[Claims Analysis](#)

Ordinances

2nd Reading [Ordinance 2020-36](#)-Creating HMEP 2020 Hazmat Grant Fund

2nd Reading [Ordinance 2020-37](#)-Establishing Montgomery County Mapping Department

Bid Openings

[Information Technology Equipment Bid](#)

[Access Road to Landfill Quote](#)

[Bridge 79 Bid](#)

Other Business

Adjournment

Next Regular Meeting: November 9, 2020 at 8 am

Agenda Subject to Change

Montgomery County acknowledges its responsibility to comply with the Americans with Disabilities Act of 1990. In order to assist individuals with disabilities who require special services (i.e. sign interpretive services, alternative audio/visual devices, and amanuenses) for participation in or access to County sponsored public programs, services, and/or meetings, the County requests that individuals makes requests for these services forty-eight (48) hours ahead of the scheduled program, service, and/or meeting. To make arrangements, contact ADA/Title VI Coordinator Lori Dossett @ 765-361-2623.

Claims Docket

Thursday, October 15, 2020 9:12 AM

The Claims docket will be provided via an email from the County Auditor Jennifer Andel.

Payroll Docket

Thursday, October 15, 2020 9:12 AM

The Payroll docket will provided via an email from County Auditor Jennifer Andel

Minutes

Thursday, October 15, 2020 9:12 AM

MINUTES
MONTGOMERY COUNTY COMMISSIONER MEETING
MONDAY, OCTOBER 12, 2020

The Montgomery County Commissioners met in regular session on Monday, October 12, 2020 at 8:00 am at the Montgomery County Courthouse, 100 E. Main Street – Room 103, Crawfordsville, Indiana.

Present were Board members Board President Commissioner James Fulwider, Vice President Commissioner John Frey and Commissioner Dan Guard. Also present Board Attorney Dan Taylor; County Administrator Tom Klein; Auditor Jennifer Andel; E911 Director Sherri Henry; Treasurer Heather Laffoon; County Engineer Jim Peck; Sheriff Ryan Needham; and Health Administrator Amber Reed.

CALL TO ORDER

Commissioner Board President Fulwider called the meeting to order @ 8:00 am and led the Pledge of Allegiance and Dan Guard led the prayer.

CONSENT AGENDA

Approval of Claims – September 28 to October 12, 2020

Approval of Minutes – September 28, 2020

Commissioner Frey moved to approve the consent agenda items. Seconded by Commissioner Guard. Motion passed 3-0.

NEW BUSINESS

Cancellation of Eagle Contract – Treasurer’s Office

Treasurer Heather Laffoon requested that the Commissioners cancel the Contract with Eagle Collections Group effective December 31, 2020. *Commissioner Frey moved to approve the request to cancel the Contract with Eagle Collections Group. Seconded by Commissioner Guard. Motion passed 3-0.*

Thayer Report

Attorney Taylor stated Caleb Thayer constructed a dirt bike or quad track near Chigger Hollow Subdivision which encroaches on County right-of-way along Nucor Road. The construction of the dirt bike or quad track is in violation of Section 94.01 of the Montgomery County Code. Mr. Thayer has been sent a Notice to Correct letter by both regular and certified mail on or about June 9, 2020. Mr. Thayer has not made any effort to abate the obstruction. Attorney Taylor requests the Commissioners to schedule a hearing. *Commissioner Frey moved to approve the request to schedule a hearing on Monday, November 23, 2020 @ 8:00 am. on the Thayer violation. Seconded by Commissioner Guard. Motion passed 3-0.*

Authorization to Apply for a Use Variance for the New Salt Barn

County Engineer Jim Peck requested authority to request a re-zone designation for the construction of the new salt barn located on the Highway garage property. A Use Variance is required by the City to change the designation from residential. *Commissioner Frey moved to approve the request. Seconded by Commissioner Guard. Motion passed 3-0.*

ORDINANCES

2ND Reading [Ordinance 2020-34 – Ordinance Creating the Community COVID Testing Grant Fund - \\$100,000](#)

Health Administrator Amber Reed explained the grant funds are to be used for specifically for community testing. *Commissioner Guard moved to approve Ordinance 2020-34 as presented. Seconded by Commissioner Frey. Motion passed 3-0.*

2nd Reading [Ordinance 2020-35 – Ordinance Creating the CARES Act Public Health Information Technology Grant Fund](#)

Health Administrator Amber Reed explained the grant funds are to be used for public health information technology needs related to the 2019 COVID pandemic. *Commissioner Guard moved to approve Ordinance 2020-35 as presented. Seconded by Commissioner Frey. Motion passed 3-0.*

Introduction [Ordinance 2020-36 – Creating HMEP 2021 Hazmat Grant Fund](#)

EMA Director Shari Harrington explained that EMA received the grant for the purchase of equipment related to its hazardous materials mass notification system.

Introduction [Ordinance 2020-37 – Establishing the Montgomery County Mapping Department](#)

Ordinance will reorganize the functions in to a new Department.

Introduction [Ordinance 2020-38 – Amending Tax Rate for Cumulative Bridge Fund](#)

The Ordinance amends the tax rate for the Cumulative Bridge Fund to a rate of \$.04 per \$100 of Assessed Valuation. The amendment is being made to reflect the Cumulative Bridge Fund revenue in the 2021 Budget being considered by the County Council. County Auditor Jennifer Andel requested that the Commissioners suspend their rules to approve the ordinance on second reading. After discussion, *Commissioner Guard moved to suspend the rules and add 2nd Reading on Ordinance 2020-28. Seconded by Commissioner Fulwider. Motion passed 3-0.* After discussion, 2 votes in favor (Fulwider & Guard). 1 vote against (Frey)

OTHER BUSINESS

Commissioner Frey requested that the Commissioners further re-stated their position regarding wind energy conversion systems and to issue an FAQ on the subject now that the litigation has been settled.

ADJOURNMENT

There being no further business before the Board, *Commissioner Guard moved to adjourn. Commissioner Frey seconded. Motion passed 3-0.*

Meeting adjourned at 8:40 am.

Minutes prepared by Commissioners Executive Assistant Lori Dossett.

The next regular meeting will be held on Monday, October 26, 2020 @ 8:00 am

@ Montgomery County Courthouse, 100 E. Main Street – Room 103, Crawfordsville, IN 47933.

MONTGOMERY COUNTY BOARD OF COMMISSIONERS:

James D. Fulwider, Board President

Attest:

Jennifer Andel, Auditor

[Audio Recording – October 12, 2020 Minutes**](#)**

Probation Department

Tuesday, October 20, 2020 8:40 PM

This grant provides for monthly deep cleaning, sanitizing and anti-microbial treatments at the Probation Department for 15 months at a total estimated cost of \$6,350.40.



Coronavirus Emergency Supplemental Funding Program Solicitation FY 2020 Formula Grant

Contact Information

County Name: Montgomery County, Indiana

Federal ID #: 35-6000177

DUNS #: 107244402

Vendor ID (if known): EXT0000025786

Primary Contact Name: Jennifer Andel

Title: County Auditor

Email: auditor@montgomerycounty.in.gov **Phone:** 765-364-6403

Secondary Contact Name: Shari Harrington

Title: EMA Director

Email: shari.harrington@montgomerycounty.in.gov **Phone:** 765-364-5154

Fiscal Agent Name: Jennifer Andel

Title: County Auditor

Email: auditor@montgomerycounty.in.gov **Phone:** 765-364-6403



COVID-19 Application Narrative

Please provide a brief response to the questions below.

1. How does your county plan to utilize the Coronavirus Emergency Supplemental Funds?

We have made offers to all units which have a criminal justice nexus within our county, and have received several diverse responses. In short, the funding will be used to:

1. Reimburse the City of Crawfordsville Police Department for overtime costs incurred providing security at the mobile COVID-19 testing unit between April 1st and June 6th, 2020.
2. Reimburse the Montgomery County Circuit Court, Probation, Prosecutor, and Prosecutor IV-D offices for acrylic sneeze guards.
3. Reimburse Superior 1 & Superior 2 for tempered glass dividers for judges.
4. Provide 10 laptop computers for the Montgomery County Sheriff's Department and/or Deputies' mobile unit use.
5. Pay for a UV Light Disinfection Robot for the Sheriff's Department and Montgomery County Jail.
6. Provide for cleaning supplies, PPE, ongoing disinfection and deep cleaning for the Montgomery County Probation Department and facility.

2. How will your county ensure funds are distributed to all justice-related agencies in need, within your jurisdiction? (e.g. – Town Marshals)

More than one request for costs has been sent out to all units and a handful have responded. Our Commissioners have established a separate fund within which we will house/are housing separate accounting line items for this grant. The Council has approved appropriation requests. Additionally, each unit that has requested reimbursement or provided expenditure plans has also provided specific payroll records or invoices payable to their unit for the amounts requested. We will be following our current internal controls for grants to make sure the proper charges and credits are applied to the correct lines and fund and that reimbursements are sent to the proper (internal and external) vendors. Once distributed, we do verify bank reconciliation of all accounts payable checks and/or EFT's before closing the grant. Finally, once closed and noted on SEFA, the program will be scrutinized per our AFR internal control process.



I acknowledge that this reimbursement grant is for preventing, preparing for, and responding to COVID-19. Funds may not be used to supplant state or local funds but must be used to increase the amounts of such funds that would, in the absence of federal funds, be made available.

OTHER OPERATIONAL EXPENSES

Area of Need	Brief Explanation	Total Cost
<p>Travel</p> <p><i>(i.e. local mileage, rental car, etc.)</i></p>		
<p>Equipment</p> <p><i>(i.e. additional equipment needed as a result of COVID-19, etc., >\$500 only)</i></p>	<p>2 Tempered Glass Courtroom Dividers for Superior Court Judges 10 Laptops for Sheriff's Deputies 1 UV Disinfection Robot for Jail</p>	<p>\$ 60,669.97</p>
<p>Supplies</p> <p><i>(i.e. office supplies, Personal protective equipment (PPE), etc.)</i></p>	<p>Sneeze Guards for Circuit Court, Prosecutor, IV-D, and Probation PPE & Cleaning Supplies for Sheriff PPE & Cleaning Supplies for Probation</p>	<p>\$ 9,961.99</p>
<p>Contractual</p> <p><i>(i.e. contract fees, professional fees, etc.)</i></p>	<p>Monthly COVID-19 Deep Cleaning, Sanitizing, and anti-microbial treatments at Probation Department - 15 months</p>	<p>\$ 6,350.40</p>
<p>Other</p> <p><i>(Any other COVID-19 related expenses that do not fit within the above categories)</i></p>		

TOTAL BUDGET

Total Personnel Expenses	\$ 8,603.51
Total Other Operational Expenses	\$ 76,982.36
Total Expenses	\$ 85,585.87

2021 Annual Bid Notice

Monday, October 19, 2020 1:50 PM

NOTICE TO BIDDERS

Montgomery County Highway Department
2021 Annual Bids

Gas, Fuel, Oil, Culverts, Aggregates, Bituminous, 50/50 Dust Control, Signs, Guard Rail and Tires

Notice is given that the Board Of Commissioners of Montgomery County, Indiana will receive sealed Bids for the year 2021 for the following: Gas, Fuel, Oil, Culverts, Aggregates, Bituminous, 50/50 Dust Control, Signs, Guard Rail and Tires in the Montgomery County Auditor's Office, Montgomery County Courthouse, 100 E Main St., Room 102, Crawfordsville, Indiana 47933, no later than 2:00 p.m. (local time), Friday, November 20, 2020 any bids received after 2:00 p.m. Friday, November 20, 2020 will be returned unopened to the bidder.

Interested bidders should obtain complete written specifications for Gas, Fuel, Oil, Culverts, Aggregates, Bituminous, 50/50 Dust Control, Signs, Guard Rail, Tires, Tubes and Batteries at the Montgomery County Highway Department, 818 Whitlock, Crawfordsville Indiana 47933 or by contacting the Montgomery County Highway Department at (765) 362-2304. The written specifications will also be available via our website at www.montgomerycounty.in.gov. All bids should be submitted on Indiana State Board of Accounts forms.

All bids **MUST** have a signed **Contractor's Nepotism-Policy Compliance Affidavit, Agreement Addendum Requiring E-Verify Compliance, Contractor's Affidavit HEA 1005 (2012) and Public Law 21 (2012) Compliance, Non-Collusion Affidavit**

All bids will be opened at a regular meeting of the Montgomery County Commissioners that will take place Monday, November 23, 2020 at 8:00 a.m., in the Council Chambers on the first floor of the Montgomery County Courthouse, 100 East Main Street, Room 103, Crawfordsville, Indiana 47933. All bids may be taken under advisement for review by the Highway Director.

The Highway Director will make his recommendation for the bids at the Montgomery County Commissioner's Meeting in December 2020. The Montgomery County Commissioners reserve the right to reject all bids if it determines it is in the County's best interest to do so and to waive any informality in bidding.

***** ALL BIDS MUST BE SEALED AND MAILED TO THE MONTGOMERY COUNTY COURTHOUSE, 100 E MAIN ST, ROOM 102, CRAWFORDSVILLE, IN 47933.**

MUST HAVE ON THE OUTSIDE OF THE BID PACKET WHAT YOU ARE BIDDING.***

ALL DELIVERIES ARE REQUIRED TO USE SR 47 TO MEMORIAL DRIVE TO WHITLOCK.

Dated the 26th day of October 2020

Jennifer Andel
Auditor, Montgomery County

MONTGOMERY COUNTY BOARD OF COMMISSIONERS

Jim Fulwider-President

John Frey-Vice President

Dan Guard-Member

Insurance Memo from Apex

Thursday, October 22, 2020 11:28 AM

From Patti Boudrot, Apex
RE: Insurance

We were able to further negotiate the Specific premium down with Crum & Forster. Attached you will find the following:

- Revised Benefit Review Report for 1/1/21 renewal
- Pharmacy Benefit Manager (PBM) Assessment

Here is a summary of our discussions, and our recommendations:

- Crum & Forster (C&R), the current stop loss carrier, initially provided a Specific premium increase of 40% and we were able to get it reduced to 36% increase. However, after further discussions, they agreed to a 25% increase. The Total Fixed and Max Cost annualized increase, which includes the Specific and Aggregate Premium, Organ Transplant Rider, Admin Cost, and Maximum Claims cost, is at 1.6% (\$32,875 annually). Remember, this is worst case scenario and depends on your claims (Max Cost as illustrated on Line E of the first attachment). The final firm renewal is illustrated on Page 4 of the first attachment. The breakdown of the Administration Costs on Line C of Page 4 are shown on Page 5.
- C&R has also lasered a patient which is receiving a high cost specialty drug, which is approximately \$15,000 per month. The laser amount is \$235,000. As a reminder, a laser is a higher Specific Deductible for an individual with a known high dollar risk (all other members have a \$75,000 Spec). We estimate that this member will incur around \$200,000 in 2020; if they continue on that pace, they won't hit the spec level in 2021. A laser isn't necessarily a bad strategy as it allows us to keep the Reinsurance costs lower.
- We are recommending a change in the PBM from the current Keenan/Express Scripts to TrueRx. We believe that TrueRx can help save the plan not only through an increase in rebates, but utilizing their "white glove advocacy", which can assist employees on high cost medications to possibly qualify for Patient Assistance Programs, including the member mentioned above. That exhibit is also attached, which reflects a *potential* Rx savings of 63%, or \$197,347 under the current PBM.
- Your largest claimant for 2020 is no longer on the plan as of 10/2
- We also recommend that we move the Dental, Vision, Life/AD&D, STD and LTD to Metlife, as well as implement an option for Voluntary Life. Those exhibits are included in the first attachment, beginning on Page 9. Combining all of these ancillary benefits with one carrier eases administration and allows us to take advantage of bundling discounts (these discounts are included in the illustrated numbers). Also, we are recommending the addition of the Voluntary Life to give employees the option to purchase additional life insurance above the \$15,000 that is already provided, in addition the ability to purchase coverage for spouse and/or children at a guarantee issue (no health questions) level. By allowing us to manage all of your benefits, we can create a customized Benefit Guide for all lines of coverage that can be distributed to new hires, educate employees on all of their benefits, field any/all questions related to benefits and ensure that all the benefits offered to your employees are reviewed each year.



Montgomery County

Benefit Review Report

January 1, 2021 Effective Date

Presented by:

Patti Boudrot, Senior Account Executive
Bill Sylvester, Advisor

Presented on:

October 22, 2020

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Markets Approached

Montgomery County

	Response	Details
Administration		
GPA	Incumbent	Please see the following analysis
Stop Loss		
Crum&Forster	Incumbent	Please see the following analysis
TMHCC	Quoted	Please see the following analysis - Not Firm/Final
Reliance Standard	Declined	Uncompetitive
Sun Life	Declined	Uncompetitive
SwissRe	Declined	Uncompetitive
HIIG	Declined	Uncompetitive
Organ Transplant		
Swiss Re	Incumbent	Please see the following analysis
TMHCC	Quoted	Uncompetitive

Total Cost Analysis

Montgomery County

Illustrative

Illustrative

	Effective Date	1/1/2021	Current	Renewal	Proposed 1
A Third Party Administrator					
Reinsurer /			GPA	GPA	GPA
MGU (Source)			Crum & Forster	Crum & Forster	TMHCC
Network			ELAP/Imagine Health	ELAP/Imagine Health	ELAP/Imagine Health
Plan Type - Traditional / RBR			RBR	RBR	RBR
Specific Deductible			\$75,000	\$75,000	\$75,000
Aggregating Specific Deductible			\$0	\$0	\$0
Specific Covers			Medical / Rx	Medical / Rx	Medical / Rx
Specific Contract Type			24/12	24/12	24/12
Specific Policy Year Maximum			Unlimited	Unlimited	Unlimited
Aggregate Covers			Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Contract Type			24/12	24/12	24/12
Aggregate Policy Year Maximum			\$1 Million	\$1 Million	\$1 Million
Corridor (Attachment Level)			125%	125%	125%
Run-in Limit			n/a	n/a	\$0
Lasers				TBD	TBD
1 - Laser			\$150,000	TBD	TBD
B Reinsurance Fee					
Specific Reinsurance		Enrollment			
Employee		115	\$140.80	\$207.44	\$208.15
Family		46	\$433.88	\$585.84	\$558.38
Specific Annualized Total		161	\$433,806	\$609,651	\$595,473
			\$ Difference From Current	\$175,845	\$161,667
			% Difference from Current	40.5%	37.3%
Aggregate Reinsurance		Enrollment			
Composite		161	\$10.23	\$9.93	\$10.19
Aggregate Accommodation Rate		0	\$0.00	\$0.00	\$0.00
Aggregate Annualized Total		161	\$19,764	\$19,185	\$19,687
			\$ Difference From Current	-\$580	-\$77
			% Difference from Current	-2.9%	-0.4%
			Annualized Reinsurance Total	\$453,570	\$628,836
			\$ Difference From Current	\$175,266	\$161,590
			% Difference from Current	38.6%	35.6%
Organ Transplant - Carrier		Enrollment	Swiss Re Self-Funded	Swiss Re Self-Funded	TMHCC Fully Insured
Funding Type					
Employee		115	\$9.66	\$11.76	\$7.96
Family		46	\$24.15	\$17.64	\$19.74
Organ Transplant Annualized Total		161	\$26,662	\$25,966	\$21,881
			\$ Difference From Current	-\$696	-\$4,780
			% Difference from Current	-2.6%	-17.9%
C Administration					
Administration Annualized		161	\$95,634	\$95,634	\$95,634
			\$ Difference From Current	\$0	\$0
			% Difference from Current	0.0%	0.0%
Fixed Costs Annualized			\$575,866	\$750,436	\$732,675
			\$ Difference From Current	\$174,570	\$156,809
			% Difference from Current	30.3%	27.2%
D Claims Liability					
Maximum Claim Liability		Enrollment			
Employee		115	\$460.91	\$473.01	\$541.24
Family		46	\$1,288.27	\$1,267.24	\$1,204.42
Aggregate Deductible		161	\$1,347,181	\$1,352,270	\$1,411,751
			\$ Difference From Current	\$5,089	\$64,570
			% Difference from Current	0.4%	4.8%
Aggregating Specific Deductible			\$0	\$0	\$0
Additional Laser Liability			\$75,000	TBD	TBD
E Total Fixed and Maximum Costs Annualized					
			\$1,998,047	\$2,102,706	\$2,144,426
			\$ Difference From Current	\$104,659	\$146,380
			% Difference from Current	5.2%	7.3%
F Expected Risk (50% Probability)					
			Expected Claims Liability (not including Agg Spec or Addtl Laser Liability)	\$1,077,745	\$1,081,816
			Total Fixed and Expected Costs Annualized	\$1,728,610	\$1,862,076
			\$ Difference From Current	\$103,642	\$133,466
			% Difference from Current	6%	8%

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Total Cost Analysis

Montgomery County

Firm

FIRM through 10/30/20

	Effective Date	1/1/2021	Current	Renewal	Proposed 1
A Third Party Administrator					
Reinsurer /			GPA	GPA	GPA
MGU (Source)			Crum & Forster	Crum & Forster	TMHCC
Network			ELAP/Imagine Health	ELAP/Imagine Health	ELAP/Imagine Health
Plan Type - Traditional / RBR			RBR	RBR	RBR
Specific Deductible			\$75,000	\$75,000	\$75,000
Aggregating Specific Deductible			\$0	\$0	\$0
Specific Covers			Medical / Rx	Medical / Rx	Medical / Rx
Specific Contract Type			24/12	24/12	24/12
Specific Policy Year Maximum			Unlimited	Unlimited	Unlimited
Aggregate Covers			Medical / Rx	Medical / Rx	Medical / Rx
Aggregate Contract Type			24/12	24/12	24/12
Aggregate Policy Year Maximum			\$1 Million	\$1 Million	\$1 Million
Corridor (Attachment Level)			125%	125%	125%
Run-in Limit			n/a	n/a	\$0
Lasers					
1 - Laser			\$150,000	\$235,000	\$215,000
B Reinsurance Fee					
Specific Reinsurance		Enrollment			
Employee		115	\$140.80	\$184.59	\$187.33
Family		46	\$433.88	\$521.30	\$502.51
Specific Annualized Total		161	\$433,806	\$542,492	\$535,901
			\$ Difference From Current	\$108,686	\$102,095
			% Difference from Current	25.1%	23.5%
Aggregate Reinsurance		Enrollment			
Composite		161	\$10.23	\$9.74	\$9.44
Aggregate Accommodation Rate		0	\$0.00	\$0.00	\$0.00
Aggregate Annualized Total		161	\$19,764	\$18,818	\$18,238
			\$ Difference From Current	-\$947	-\$1,526
			% Difference from Current	-4.8%	-7.7%
Annualized Reinsurance Total			\$453,570	\$561,309	\$554,139
			\$ Difference From Current	\$107,739	\$100,569
			% Difference from Current	23.8%	22.2%
Organ Transplant - Carrier		Enrollment	Swiss Re Self-Funded	Swiss Re Self-Funded	Swiss Re Self-Funded
Funding Type					
Employee		115	\$9.66	\$11.76	\$11.76
Family		46	\$24.15	\$17.64	\$17.64
Organ Transplant Annualized Total		161	\$26,662	\$25,966	\$25,966
			\$ Difference From Current	-\$696	-\$696
			% Difference from Current	-2.6%	-2.6%
C Administration					
Administration Annualized		161	\$95,634	\$95,634	\$95,634
			\$ Difference From Current	\$0	\$0
			% Difference from Current	0.0%	0.0%
Fixed Costs Annualized			\$575,866	\$682,910	\$675,739
			\$ Difference From Current	\$107,044	\$99,873
			% Difference from Current	18.6%	17.3%
D Claims Liability					
Maximum Claim Liability		Enrollment			
Employee		115	\$460.91	\$471.52	\$536.22
Family		46	\$1,288.27	\$1,263.25	\$1,193.25
Aggregate Deductible		161	\$1,347,181	\$1,348,012	\$1,398,658
			\$ Difference From Current	\$831	\$51,477
			% Difference from Current	0.1%	3.8%
Aggregating Specific Deductible			\$0	\$0	\$0
Additional Laser Liability			\$75,000	\$160,000	\$140,000
Total Fixed and Maximum Costs Annualized			\$1,998,047	\$2,030,921	\$2,074,397
			\$ Difference From Current	\$32,875	\$76,350
			% Difference from Current	1.6%	3.8%
F Expected Risk (50% Probability)					
Expected Claims Liability			\$1,077,745	\$1,078,409	\$1,118,926
<i>(not including Agg Spec or Addtl Laser Liability)</i>					
Total Fixed and Expected Costs Annualized			\$1,728,610	\$1,761,319	\$1,794,665
			\$ Difference From Current	\$32,708	\$66,055
			% Difference from Current	2%	4%

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carriers(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Medical Administration

Montgomery County

	Effective Date	1/1/2021	Current	Renewal
Third Party Administrator			GPA ELAP/Imagine	GPA ELAP/Imagine
Network			Health	Health
Plan Type - Traditional / RBR			RBR	RBR
Administration Fees				
Medical Annualized Total				
Medical / Rx Administration Fee	161		\$37.00	\$37.00
COBRA / HIPAA Fee	161		\$1.50	\$1.50
Utilization Review	161		Included	Included
Nurse Navigator	161		Included	Included
Usual & Customary Repricing	161		\$0.00	\$0.00
ELAP Fiduciary Fee	161		Included	Included
HRA Administration Fee	161		\$5.00	\$5.00
PharmWatch Keenan Express Scripts-PBM Fee	161		\$6.00	\$6.00
Rx Rebate Credit	161		-\$25.00	-\$25.00
Broker & Consultant Fee	161		\$25.00	\$25.00
Medical Annualized Total			\$95,634	\$95,634
Other Fees				
Annual Maintenance Fees			Included	Included
Annual SBC Fee			Included	Included
Large Case Management*			\$135 per hour	\$135 per hour
Maternity Management*			\$135 per hour	\$135 per hour
Disease Management*			\$135 per hour	\$135 per hour
Other Fees Annualized Total			\$0	\$0
			<i>PBM - Keenan Express Scripts</i>	<i>PBM - Keenan Express Scripts</i>
Annual Administration Fees			\$95,634	\$95,634
			\$ Difference from Current	\$0
			% Difference from Current	0.0%
Rate Guarantee			Expires 12/31/2020	1 year, 12/31/2021

**Charged by the minute, not the 1/4hr. as is the norm. Min. 6 mins.

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Lasers, Contingencies & Considerations

Montgomery County

Effective Date	1/1/2021	Current	Renewal	Proposed 1
Third Party Administrator		GPA	GPA	GPA
Reinsurer / MGU (Source)		Crum & Forster	Crum & Forster	TMHCC
Network		ELAP/Imagine Health	ELAP/Imagine Health	ELAP/Imagine Health
Plan Type - Traditional / RBR		RBR	RBR	RBR
Specific Deductible		\$75,000	\$75,000	\$75,000
Aggregating Specific Deductible		\$0	\$0	\$0
Lasers				
1 - Laser		\$150,000	TBD	TBD

Contingencies and Considerations

Contract Provision Details:

"Covered" Includes	Active, COBRA	Active, COBRA	Active, COBRA
Specific Advance	Not Included	Not Included	Not Included
Aggregate Accommodation	Not Included	Not Included	Not Included
Organ Transplant - excluded or secondary	Medical plan is secondary to OT	Medical plan is secondary to OT	Medical plan is secondary to OT
No New Laser at Renewal	n/a	n/a	n/a
Rate Cap	n/a	n/a	n/a
Run In Limit	n/a	n/a	n/a

Claims detail disclosed through:	Jul-2020	Jul-2020
Additional needed claims detail disclosed through:	Sep-2020	Sep-2020
Rates and Terms Firm, based on above (Yes/No):	No	No
If Firm, Offer Expires (date):	n/a	n/a

Laser Details

Additional Notes

Minimum Annual Aggregate Deductible

Please refer to full proposal for complete details

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carrier(s)/TPA. Where discrepancies occur, the contract for coverage will prevail.

Medical Benefit and Cost Analysis

Montgomery County

Carrier	Effective Date	1/1/2021	Current	Renewal
Network			GPA	GPA
Plan Type			ELAP/ Imagine Health	ELAP/ Imagine Health
			RBR	RBR
Benefit Details				
Coinsurance (In / Out)			100%	100%
Deductible (In / Out)				
Single			\$5,000	\$5,000
Family			\$10,000	\$10,000
Embedded Deductible			Yes	Yes
Maximum Out-of-Pocket				
Single (In / Out)			\$5,000	\$5,000
Family (In / Out)			\$10,000	\$10,000
Preventive Care (In-Network Only)			Covered in full	Covered in full
Office Visit				
PCP (In / Out)			Deductible	Deductible
SCP (In / Out)			Deductible	Deductible
Emergency Room Services			Deductible	Deductible
Urgent Care (In / Out)			Deductible	Deductible
Retail Prescription Drugs (In-Network Only)			Deductible applies first	Deductible applies first
Rx Deductible			N/A	N/A
Tier 1			Deductible	Deductible
Tier 2			Deductible	Deductible
Tier 3			Deductible	Deductible
Tier 4			Deductible	Deductible
Mail Order Prescription Drugs (In-Network Only)			Deductible	Deductible

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Ancillary Markets Approached

Montgomery County

Ancillary	Response	Details
Guardian	Incumbent	Please see the following analysis-renewal due October
Cigna	Incumbent	Please see the following analysis
One America	Incumbent	Please see the following analysis
Met Life	Quoted	Unable to quote Disability without claims data
Principal	Declined	Did not meet due date for proposal
Guardian	Declined	Declined additional LOCs due to % of Police/Sheriff

Dental Benefit and Cost Analysis

Montgomery County

Effective Date	1/1/2021	Current	Option 1
Carrier		Guardian	Met Life
Dental Network		Guardian	Met Life
Plan Type		Value	Low High
Benefit Details			
Usual & Customary (applies to Out of Network only)	Fee Schedule	90th	Fee Schedule 90th
Calendar Year Deductible (Single / Family)			
Type I Services / Type IV Services (Orthodontia)	\$0		\$0
Type II and III Services	\$50 / \$150		\$50 / \$150
Type IV Services (Orthodontia)	\$0		\$0
Coinsurance (In / Out)			
Type I - Preventive	100% / 100%	100% / 100%	100% / 100%
Type II - Basic	100% / 100%	80% / 80%	100% / 100%
Type III - Major	60% / 60%	50% / 50%	60% / 60%
Type IV - Orthodontia	Not Covered		Not Covered
Sealants Covered as	Preventive		Preventive
Endodontics / Periodontics Covered as	Basic		Basic
Benefit Maximums			
Type I, II, and III Services - Annual Maximum	\$1,000		\$1,250
Type IV Orthodontia - Lifetime Maximum	Not Covered		Not Covered
Extended Annual Max	Yes		No
Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	\$500		N/A
	\$250		N/A
	\$350		N/A
	\$1,000		N/A
Waiting Periods (Timely Entrants / Late Entrants)			
Type I - Preventive	None		None
Type II - Basic	None / 6 months		None
Type III - Major	None / 12 months		None
Type IV - Orthodontia	Not Covered		Not Covered
Enrollment			
Employee	88		88
Employee / Spouse	14		14
Employee / Children	13		13
Family	12		12
Total Enrollment	127		127
Monthly Rates			
Employee	\$30.49		\$26.83
Employee / Spouse	\$60.13		\$52.91
Employee / Children	\$71.63		\$63.03
Family	\$111.24		\$97.89
Dental Premium Monthly	\$5,791		\$5,096
Dental Premium Annualized	\$69,492		\$61,150
	\$ Difference from Current		-\$8,342
	% Difference from Current		-12%

Plan Type	Voluntary	Voluntary
Contributions	EE pays 100%	EE pays 100%
Participation Requirement	25%	10 lives and at least 60%
Rate Guarantee	1 yr, 12/31/2020	1 yr, 12/31/2021; 5% 2nd & 3rd yr Rate Cap

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Vision Benefit and Cost Analysis

Montgomery County

Carrier Vision Network Plan	Effective Date	Current		Renewal
	1/1/2021	Guardian Guardian Feature B	Guardian Feature B	Met Life VSP PPO
Benefit Details				
Frequency (months)		12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12
Examination / Lenses / Frames / Contacts				
In Network Co-Payment				
Examination		\$10	\$10	\$10
Materials		\$25	\$25	\$25
In Network Allowance				
Frame		\$130 Allowance	\$130 Allowance +	\$130 Allowance
Elective Contacts		\$130 Allowance	\$130 Allowance	\$130 Allowance
Out of Network Coverage				
Examination		Up to \$59	Up to \$39	Up to \$45
Single Vision Lenses		Up to \$30	Up to \$23	Up to \$30
Bi-Focal Vision Lenses		Up to \$50	Up to \$37	Up to \$50
Tri-Focal Vision Lenses		Up to \$65	Up to \$49	Up to \$65
Out of Network Allowance				
Frames		\$70 Allowance	\$46 Allowance	\$70 Allowance
Elective Contacts		\$120 Allowance	\$100 Allowance	\$105 Allowance
Enrollment				
Employee		32	64	96
Employee / Spouse		3	21	24
Employee / Children		5	20	25
Family		4	20	24
Total Enrollment		44	125	169
Monthly Rates				
Employee		\$5.91	\$8.09	\$7.12
Employee / Spouse		\$11.81	\$16.16	\$14.08
Employee / Children		\$11.93	\$16.33	\$14.37
Family		\$19.04	\$26.05	\$22.92
Vision Premium Monthly		\$360	\$1,705	\$1,931
Vision Premium Annualized		\$4,324	\$20,457	\$23,169
				-\$1,612
				-6.5%

Plan Type	Voluntary	Voluntary
Contributions	Employee pays 100%	Employee pays 100%
Participation Requirement	66%	61%
Rate Guarantee	Expires 12/31/2020	3 yrs, 12/31/2023

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Basic Life and AD&D Benefit and Cost Analysis

Montgomery County

Carrier	Effective Date	1/1/2021	Current	Renewal	Proposed 1
			Cigna	One America	Met Life
Benefit Details					
Eligibility			All Eligible Employees	All Eligible Employees	All Eligible Employees
Life and AD&D Benefit			\$15,000	\$15,000	\$15,000
Benefit Maximum			\$15,000	\$15,000	\$15,000
Guarantee Issue Amount			\$15,000	\$15,000	\$15,000
Reduction Schedule			Unknown	65% at age 65; 50% at age 70	65% at age 65; 50% at age 70
Waiver of Premium			Unknown	Included, Age 60 w/ 9 month waiting period, terminates at	Included
Rates					
		<i>Volume</i>			
Life Rate per \$1,000	\$3,312,750		\$0.240	\$0.220	\$0.176
AD&D Rate per \$1,000	\$3,312,750		\$0.020	\$0.025	\$0.041
Life & AD&D Premium Monthly			\$861	\$812	\$719
Life & AD&D Premium Annualized			\$10,336	\$9,739	\$8,626
				\$-596	-\$1,709
				-6%	-17%
Plan Type			Employer Paid	Employer Paid	Employer Paid
Contributions			Employer pays 100%	Employer pays 100%	Employer pays 100%
Participation Requirement			100%	100%	100%
Rate Guarantee			Unknown	2 yrs, 12/31/2022	2 yrs, 12/31/2022

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Voluntary Life & Voluntary AD&D Benefit and Cost Analysis

Montgomery County

	Effective Date 1/1/2021	Proposed 1	Proposed 2
Carrier		One America	Met Life*
Benefit Details & Provisions			
Eligibility		All Eligible Employees	All Eligible Employees
Employee Voluntary Life Benefit		Increments of \$1,000; minimum \$10,000	Increments of \$10,000
Employee Voluntary Life Maximum		\$500,000, up to 5 x salary	\$200,000 , up to 5 x salary
Employee Guarantee Issue Amount		\$150,000	\$100,000
Benefit Reduction Schedule		50% at age 70	No Age Reduction
Waiver of Premium		Included; Age 60 w/ 9 month waiting	Included; disabled prior to 60, waiting
Accelerated Benefit		Included	Included
Employee Voluntary AD&D Benefit		Matches Life amount	Matches Life amount
Spouse Voluntary Life Benefit		Increments of \$5,000 up to 50% of Employee's benefit	Increments of \$5,000 up to \$100,000, not to exceed 50% of employee's benefit
Spouse Voluntary Life Maximum		> age 70: \$250k	\$100,000
Spouse Guarantee Issue Amount		\$25,000	\$25,000
Dependent Child(ren) Life Benefit		Option 1: \$2.5k Option 2: \$5k Option 3: \$7,500 Option 4: \$10,000	15 days to 6 mo: \$1,000 6 mo+: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000

Rates			
Employee / Spouse Rate per \$1,000			
Age 24 and Under		\$0.070	\$0.079
Age 25-29		\$0.070	\$0.079
Age 30-34		\$0.080	\$0.096
Age 35-39		\$0.110	\$0.113
Age 40-44		\$0.180	\$0.162
Age 45-49		\$0.290	\$0.252
Age 50-54		\$0.470	\$0.408
Age 55-59		\$0.690	\$0.625
Age 60-64		\$0.820	\$0.962
Age 65-69		\$1.300	\$1.632
Age 70-74		\$2.910	\$3.065
Age 75 and Over		\$2.910	\$3.065
Voluntary AD&D	EE / SP	\$0.035	\$0.034
Child Life per \$1,000	.278Option 4:\$2.16 ADD: \$0.37		\$.240AD&D: \$0.051

Plan Type	Voluntary	Voluntary
Contributions	Employee pays 100% or 25%	Employee pays 100%
Participation Requirement		10 enrolled or 25%
Rate Guarantee	2 years; 12/31/2022	2 years; 12/31/2022

*For take-over supplemental life plans: This quote does not include an open enrollment and late enrollees will be required to provide Evidence of Insurability (EOI). However, for in-force \$10,000 increment plans, current participating employees may increase their in-force supplemental coverage an additional increment for the employee coverage only, up to the non-medical maximum stated in the policy. All increases are subject to the terms of the policy.

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Short Term Disability Benefit and Cost Analysis

Montgomery County

Carrier	Effective Date	1/1/2021	Current	Proposed 1
			One America	Met Life
Benefit Details				
Eligibility			All Eligible Employees	All Eligible Employees
Weekly Benefit Percentage			66.67%	66.67%
Weekly Benefit Maximum			\$1,000	\$1,000
Benefits Begin (Accident / Sickness)			1st day / 8th day	1st day / 8th day
Duration of Benefits			26 weeks	26 weeks
Pre-Existing Limitation			N/A	N/A
Rates				
		<i>Volume</i>		
Short Term Disability Rate Per \$10	\$101,261		\$0.49	\$0.37
Short Term Disability Premium Monthly			\$4,962	\$3,747
Short Term Disability Premium Annualized			\$59,541	\$44,960
			\$ Difference from Current	-\$14,582
			% Difference from Current	-24%
Plan Type			NA	Employer Paid
Contributions			NA	Employer pays 100%
Participation Requirement			NA	100%
Rate Guarantee			NA	2 years; 12/31/2022

The above is for illustrative purposes only. For a complete description of coverage/rates/terms, reference must be made to the actual policy and rate documents provided by the insurance carrier(s). Where discrepancies occur, the contract for coverage will prevail.

Long Term Disability Benefit and Cost Analysis

Montgomery County

Carrier	Effective Date	1/1/2021	Current	Proposed 1
		One America	Met Life*	
Benefit Details				
Eligibility		All FT Eligible Employees	All FT Eligible Employees	
Definition of Earnings		Basic Monthly Earnings	Basic Monthly Earnings	
Minimum Hours Worked		30 hours per week	30 hours per week	
Monthly Benefit Percentage		60%	60%	
Benefit Maximum		\$4,000	\$4,000	
Elimination Period (EP)		180 days	180 days	
Maximum Benefit Period / Benefit Duration		Greater of SSFRA or age 65	RBD w/ SSNRA	
Definition of Disability / Own Occupation		24 months	24 months	
Partial Disability Benefit		Included	Included	
Zero Day Residual		Included	Included	
Social Security Integration Method		Direct Family	Full Family	
Survivor Benefit		3 months	3 months	
Mental Nervous / Substance Abuse		24 months	24 months	
Pre-Existing Limitation		3/12	3/12	
Rates				
	<i>Volume</i>			
Long Term Disability Rate Per \$100	\$729,645	\$0.29	\$0.298	
Long Term Disability Premium Monthly		\$2,116	\$2,174	
Long Term Disability Premium Annualized		\$25,392	\$26,092	
	\$ Difference from Current		\$700	
	% Difference from Current		3%	
Plan Type		N/A	Employer Paid	
Contributions		N/A	Employer pays 100%	
Participation Requirement		N/A	100%	
Rate Guarantee		N/A	2 years; 12/31/2022	

*Rate assumes Two Products sold in conjunction with LTD (Dental and Basic Life)

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Insurance Savings Report

Tuesday, October 20, 2020 9:09 AM



County of Montgomery HSA Plan

Plan Summary

Apply Filters



Year	Claim Product	Claims	Billed Charges	Allowed	Total Cost*	Net Savings, \$	Net Savings, %
2020	Max Full	153	\$2,378,513	\$205,525	\$490,817	\$1,887,696	79.4%
	IMAGINE	43	\$56,177	\$28,283	\$31,170	\$25,008	44.5%
	Direct Contract	11	\$7,786	\$2,652	\$3,104	\$4,682	60.1%
	Total	207	\$2,442,476	\$236,460	\$525,091	\$1,917,385	78.5%
2019	Max Full	250	\$2,788,090	\$1,008,853	\$1,339,502	\$1,448,588	52.0%
	Direct Contract	23	\$93,311	\$44,016	\$49,185	\$44,126	47.3%
	Total	273	\$2,881,401	\$1,052,868	\$1,388,687	\$1,492,714	51.8%
2018	Max Full	181	\$1,033,810	\$268,475	\$391,749	\$642,061	62.1%
	Direct Contract	6	\$42,320	\$21,173	\$23,713	\$18,608	44.0%
	Total	187	\$1,076,130	\$289,648	\$415,462	\$660,668	61.4%
Grand Total		667	\$6,400,007	\$1,578,977	\$2,329,240	\$4,070,767	63.6%

*Total Cost: Allowed + Fee. Please note this is not the total plan spend; this total is inclusive of member out of pocket. Please refer to your TPA's check register for total plan spend where OOP has been removed.

Data Last Updated 9/24/2020 6:11:32 AM

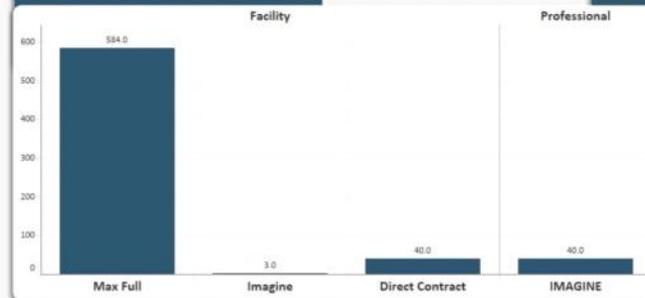
County of Montgomery HSA Plan

Claim Summary

Apply Filters

Facility/Professional	Claims	Billed Charges	Allowed	Total Cost*	Net Savings, \$	Net Savings, %
Facility	627	\$6,373,367	\$1,566,756	\$2,316,154	\$4,057,214	63.7%
Professional	40	\$26,640	\$12,221	\$13,086	\$13,553	50.9%
Total	667	\$6,400,007	\$1,578,977	\$2,329,240	\$4,070,767	63.6%

Claims Volume by Product



Top 10 Providers

Service Provider	Facility/Pr..	Claims	Billed Ch..	Allowed	Total Cos..	Net Savi..	Net Savi..
FRANCISCAN HEALTH CRAWFOR..	Facility	216	\$819,359	\$232,723	\$328,800	\$490,559	59.9%
LIBERTY DIALYSIS-LEBANON LLC	Facility	72	\$2,251,080	\$92,539	\$362,666	\$1,888,394	83.9%
FRANCISCAN ST. ELIZABETH HEAL..	Facility	46	\$723,805	\$159,238	\$246,095	\$477,711	66.0%
WITHAM MEMORIAL HOSPITAL	Facility	41	\$211,527	\$43,296	\$68,558	\$142,969	67.6%
HENDRICKS COUNTY HOSPITAL	Facility	40	\$143,417	\$67,841	\$76,002	\$67,415	47.0%
LIBERTY DIALYSIS - CRAWFORDS..	Facility	40	\$851,704	\$620,135	\$722,339	\$129,365	15.2%
INDIANA UNIVERSITY HEALTH	Facility	32	\$174,779	\$51,884	\$72,763	\$102,016	58.4%
ASCENSION ST. VINCENT HOSPIT..	Facility	22	\$383,821	\$121,495	\$166,030	\$217,791	56.7%
ST. VINCENT WILLIAMSPORT HO..	Facility	18	\$44,441	\$15,140	\$20,473	\$23,968	53.9%
MID AMERICA CLINICAL LABORA..	Professional	15	\$1,639	\$392	\$467	\$1,172	71.5%

Data Last Updated 9/24/2020 6:11:32 AM

County of Montgomery HSA Plan

Map

Apply Filters



Map Detail



Provider Market	Service Provider	IH	Claims	Billed Charges	Allowed	Net Savings, \$	Net Savings, %	PSA(s)	Balance Bill(s)	Collection(s)	Impairment(s)	Litigation(s)
Grand Total			667	\$6,400,007	\$1,578,977	\$4,070,767	63.6%		165	87		
Indianapolis-Carmel, IN	LIBERTY DIALYSIS-LEBANON LLC	Null	72	\$2,251,060	\$92,539	\$1,888,394	83.9%					
	WITHAM MEMORIAL HOSPITAL	Null	41	\$211,527	\$43,296	\$142,969	67.6%					
	HENDRICKS COUNTY HOSPITAL	Null	40	\$143,417	\$67,841	\$67,415	47.0%					
	INDIANA UNIVERSITY HEALTH	Null	32	\$174,779	\$51,884	\$102,016	58.4%		13	9		
	ASCENSION ST. VINCENT HOSPITAL	Null	22	\$383,821	\$121,495	\$217,791	56.7%		10	10		
	MID AMERICA CLINICAL LABORATORIES, LLC	*	15	\$1,639	\$392	\$1,172	71.5%					
	BROWNSBURG DIALYSIS	Null	10	\$182,572	\$10,410	\$150,254	82.3%					
	INDIANAPOLIS VAMC	Null	6	\$3,010	\$671	\$1,977	65.7%					
	IU HEALTH WEST HOSPITAL	Null	6	\$13,171	\$2,078	\$9,512	72.2%					
	MATTHEW WELSCH MD	*	5	\$1,378	\$1,006	\$349	25.3%					
	CASIMIR STARSIAK DO	*	4	\$2,127	\$1,581	\$513	24.1%					
	PH. BRISKIN MD	*	2	\$228	\$228	\$228	100.0%					

Data Last Updated 9/24/2020 6:11:32 AM

County of Montgomery HSA Plan

Top Claimants

MemberID	Billed Charges	Allowed	
GPA-H880024-0000101-2	\$3,487,745	\$776,601	54.5%
GPA-H880024-0000024-1	\$350,813	\$117,346	33.4%
GPA-H880024-0000141-1	\$228,661	\$39,668	17.4%
GPA-H880024-0000011-1	\$190,735	\$69,974	36.7%
GPA-H880024-0000096-1	\$185,816	\$41,623	22.4%
GPA-H880024-0000102-1	\$132,315	\$31,131	23.5%
GPA-H880024-0000096-2	\$123,766	\$34,444	27.8%
GPA-H880024-0000036-1	\$90,953	\$32,946	36.2%
GPA-H880024-0000025-2	\$78,847	\$26,422	33.5%
GPA-H880024-0000077-1	\$75,659	\$22,731	29.9%
GPA-H880024-0000152-2	\$73,003	\$9,042	12.4%
GPA-H880024-0000107-1	\$66,995	\$21,275	31.8%
GPA-H880024-0000205-1	\$61,951	\$12,296	19.8%
GPA-H880024-0000056-2	\$58,644	\$25,594	43.6%

Type of Service

Facility/Prof.	Type of Service	Claims	Billed Charges	Allowed	Total Cost*	Net Savings, \$	Net Savings, %
Facility	Outpatient	437	\$1,645,616	\$370,133	\$568,472	\$1,082,143	65.8%
	Dialysis	122	\$3,285,336	\$723,084	\$1,117,824	\$2,168,012	66.0%
	Inpatient Acute Care	34	\$1,258,804	\$417,732	\$558,665	\$700,139	55.6%
	Ambulance	14	\$11,781	\$8,292	\$9,236	\$2,545	21.6%
	Ambulatory Surgery	13	\$129,967	\$20,516	\$35,568	\$94,399	72.6%
	Home Health	4	\$5,325	\$4,320	\$4,824	\$501	9.4%
	Skilled Nursing	3	\$36,538	\$22,679	\$27,064	\$9,474	25.9%
	Total	627	\$6,373,367	\$1,566,756	\$2,316,154	\$4,057,214	63.7%
Professional	Lab/DME/Other	19	\$20,767	\$8,486	\$9,223	\$11,544	55.6%
	Specialist	17	\$4,919	\$3,544	\$3,626	\$1,293	26.3%
	Other	4	\$954	\$191	\$237	\$717	75.1%
	Total	40	\$26,640	\$12,221	\$13,086	\$13,553	50.9%
Total	667	\$6,400,007	\$1,578,977	\$2,329,240	\$4,070,767	63.6%	

Inpatient (MS-DRG)

MDC Description	Claims	Billed Charges	Allowed	Total Cost*	Net Savings, \$	Net Savings, %
Pregnancy Childbirth And Puerperium	8	\$175,855	\$56,996	\$77,154	\$98,701	56.1%
Diseases and Disorders of the Muscu...	6	\$484,468	\$140,092	\$193,578	\$290,890	60.0%
Diseases and Disorders of the Respir...	6	\$215,921	\$80,753	\$105,140	\$110,781	51.3%
Newborn And Other Neonates (Perin...	6	\$33,111	\$13,940	\$17,122	\$15,989	48.3%
Infectious and Parasitic DDs (Systemi...	4	\$143,484	\$60,465	\$75,470	\$68,014	47.4%
Diseases and Disorders of the Kidney...	2	\$120,191	\$33,623	\$48,046	\$72,144	60.0%
Diseases and Disorders of the Digest...	1	\$15,766	\$8,268	\$10,160	\$5,606	35.6%
Diseases and Disorders of the Nervo...	1	\$70,009	\$23,595	\$31,996	\$38,013	54.3%

Volume by ER Department



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County of Montgomery HSA Plan

Balance Bill Summary

Apply Filters



	Grand Total	Facility			Professional
		Max Full	Imagine	Direct Contract	IMAGINE
Claims	667	584	3	40	40
Balance Bill(s)	165	165			
Balance Bill Amount	\$936,439	\$936,439			
Balance Bill Rate	24.7%	28.3%			
Benchmark Balance Bill Rate	35.4%	35.4%			
Above/Below Benchmark	▼ -11%	▼ -7%			
Open Balance Bills	48	48			
Open Balance Bill Amount	\$511,007	\$511,007			
Closed Balance Bills	117	117			
Closed Balance Bill Amount	\$425,433	\$425,433			
Settled	35	35			
Settled Amount	\$7,880	\$7,880			
Open Collections	24	24			
Open Collection Amount	\$257,846	\$257,846			
Open Impairment					
Open Impairment Amount					
Open Litigations					
Open Litigation Amount					
1st Appeals	10	10	0	0	0
2nd Appeals	0	0	0	0	0

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County of Montgomery HSA Plan

Claim Detail

Apply Filters

ELAP Claim ID	Claim Product	Service Provider	Member Division	Member Name	Audit Completion Date	Date of Service Start	Claims	Billed Charges	Allowed	Total Cost*	Net Savings, \$	Net Savings, %
Total							667	\$6,400,007	\$1,578,977	\$2,329,240	\$4,070,767	64%
001880940	Imagine	COMMUNITY HOSPITAL NORTH	001	SANDRA RAMOS	9/22/2020	8/19/2020	1	\$2,462	\$750	\$1,007	\$1,455	59%
001908232	Max Full	LIBERTY DIALYSIS-LEBANON LLC	001	LAURIE BRADY	9/21/2020	9/1/2020	1	\$30,518	\$1,234	\$4,896	\$25,622	84%
001914155	Max Full	IU HEALTH ARNETT HOSPITAL	001	CASIE ALLEN	9/21/2020	9/9/2020	1	\$78	\$22	\$22	\$56	72%
GPA_20200921	IMAGINE	MINUTECLINIC DIAGNOSTIC OF ILLINOIS LLC	Null	TRACY BOYER	9/21/2020	7/18/2020	1	\$39	\$39	\$39	\$0	0%
001908107	Max Full	IU HEALTH ARNETT HOSPITAL	001	CASIE ALLEN	9/17/2020	9/7/2020	1	\$78	\$22	\$22	\$56	72%
001893947	Max Full	LIBERTY DIALYSIS-LEBANON LLC	001	LAURIE BRADY	9/16/2020	8/24/2020	1	\$38,147	\$1,542	\$6,120	\$32,027	84%
001897038	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	TRACI WALKER	9/16/2020	9/2/2020	1	\$375	\$147	\$192	\$183	49%
001905013	Max Full	NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENT.	001	KARYN DOUGLAS	9/16/2020	8/31/2020	1	\$1,391	\$612	\$779	\$612	44%
001894034	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	AMBER REED	9/15/2020	9/1/2020	1	\$375	\$147	\$192	\$183	49%
001894175	Max Full	ST. VINCENT WILLIAMSPORT HOSPITAL	001	BROOKE MINOR	9/15/2020	8/29/2020	1	\$363	\$150	\$193	\$170	47%
GPA_20200907	IMAGINE	DR. DEOVRAT SINGH MD	Null	SETH STEELSMITH	9/15/2020	7/9/2020	1	\$20	\$11	\$12	\$8	42%
001890993	Max Full	ST. VINCENT WILLIAMSPORT HOSPITAL	001	JEREMY MINOR	9/10/2020	8/29/2020	1	\$363	\$150	\$193	\$170	47%
001893948	Max Full	LIBERTY DIALYSIS-LEBANON LLC	001	LAURIE BRADY	9/10/2020	8/31/2020	1	\$7,629	\$308	\$1,224	\$6,405	84%
001862387	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	KEVIN CRULL	9/9/2020	7/13/2020	1	\$29,874	\$5,944	\$9,529	\$20,344	68%
001880463	Max Full	LIBERTY DIALYSIS-LEBANON LLC	001	LAURIE BRADY	9/3/2020	8/17/2020	1	\$38,147	\$1,542	\$6,120	\$32,027	84%
GPA_20200831	IMAGINE	DR. BRANDON HAYES MD	Null	SANDRA RAMOS	9/3/2020	8/25/2020	1	\$163	\$131	\$133	\$30	19%
GPA_20200901	IMAGINE	MID AMERICA CLINICAL LABORATORIES, LLC	Null	RICHARD KINNETT	9/3/2020	8/13/2020	1	\$49	\$8	\$10	\$39	80%
001855472	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	LULA LAZELL	9/2/2020	7/26/2020	1	\$4,299	\$850	\$1,366	\$2,933	68%
001866905	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	CHANCELLOR SOUTHARD	9/2/2020	8/18/2020	1	\$375	\$147	\$192	\$183	49%
001880079	Max Full	IU HEALTH WEST HOSPITAL	001	ALAYNA MCNULTY	9/2/2020	8/23/2020	1	\$9,841	\$1,354	\$2,535	\$7,305	74%
001880441	Max Full	WITHAM MEMORIAL HOSPITAL	001	ALAYNA MCNULTY	9/2/2020	8/22/2020	1	\$570	\$155	\$223	\$347	61%
001880958	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	JENNIFER ANDEL	9/2/2020	8/25/2020	1	\$375	\$302	\$347	\$28	7%
001849032	Max Full	WITHAM MEMORIAL HOSPITAL	001	PAULA GREENE	9/1/2020	7/2/2020	1	\$6,373	\$2,076	\$3,201	\$6,172	66%
001875811	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	EDWARD BEAVERS	9/1/2020	8/21/2020	1	\$3,916	\$620	\$1,090	\$2,826	72%
001841471	Direct Contract	HENDRICKS COUNTY HOSPITAL	001	MICHELLE PECK	8/31/2020	8/4/2020	1	\$414	\$274	\$299	\$115	28%
001844919	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	TRACY BOYER	8/31/2020	8/7/2020	1	\$408	\$137	\$186	\$223	55%
001869300	Max Full	IU HEALTH ARNETT HOSPITAL	001	REBECCA REYNOLDS	8/31/2020	8/17/2020	1	\$10,643	\$1,617	\$2,894	\$7,749	73%
001875812	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	JENNIFER BENTLEY	8/31/2020	8/21/2020	1	\$906	\$198	\$307	\$599	66%
001859497	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	ANDRIA GEIGLE	8/27/2020	8/13/2020	1	\$375	\$147	\$192	\$183	49%
001859499	Max Full	FRANCISCAN HEALTH CRAWFORDSVILLE	001	REBECCA REYNOLDS	8/27/2020	8/13/2020	1	\$375	\$147	\$192	\$183	49%
GPA_20200825	IMAGINE	DR. BRANDON HAYES MD	Null	SANDRA RAMOS	8/27/2020	8/18/2020	1	\$163	\$131	\$133	\$30	19%
001866568	Max Full	LIBERTY DIALYSIS-LEBANON LLC	001	LAURIE BRADY	8/26/2020	8/10/2020	1	\$38,147	\$1,542	\$6,120	\$32,027	84%

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County of Montgomery HSA Plan

Balance Bill Detail

Apply Filters



Balance Bill ID	Formal Acct.	Effective Da.	Balance Bill	Balance Bill Detailed Status	Insured Name	Member Name	Service Provider	Provider City	Provider State	Audit Completion Date	Date of Service Start	Billed Charges	Allowed	Disput
BB0140090	County of M.	3/1/2018	OPEN	LEGAL	ADRIANNE R N.	ADRIANNE NORTH.	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	8/3/2020	7/24/2020	\$408	\$137	
BB0139434	County of M.	3/1/2018	OPEN	DEFEND	EDWARD J BEA.	EDWARD BEAVERS	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	7/21/2020	7/9/2020	\$4,103	\$587	
BB0138174	County of M.	3/1/2018	OPEN	LEGAL	JENNIFER S HA.	JENNIFER HARSHA.	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	12/31/2019	12/23/2019	\$460	\$75	
BB0136688	County of M.	3/1/2018	OPEN	DEFEND	SARAH HINES	SARAH HINES	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	7/9/2020	6/1/2020	\$3,189	\$536	
BB0134375	County of M.	3/1/2018	OPEN	DEFEND	SHERRI A LEDB.	SHERRI LEDBETTER	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	6/1/2020	5/21/2020	\$408	\$137	
BB0134234	County of M.	3/1/2018	OPEN	DEFEND	JACOB WATSON	ELLA WATSON	INDIANA UNIVERSITY HEAL.	INDIANAPOL.	IN	10/8/2019	9/16/2019	\$583	\$155	
BB0133220	County of M.	3/1/2018	OPEN	DEFEND	NICHOLE LAPL.	OWEN CALTON	FRANCISCAN HEALTH - MO.	MOORESVIL.	IN	1/29/2020	1/9/2020	\$2,470	\$366	
BB0133271	County of M.	3/1/2018	OPEN	DEFEND	ETHAN M RED.	ETHAN REDMON	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	5/20/2020	4/3/2020	\$192,578	\$31,710	\$1
BB0133096	County of M.	3/1/2018	OPEN	DEFEND	SARAH HINES	SARAH HINES	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	5/18/2020	4/6/2020	\$1,226	\$206	
BB0130745	County of M.	3/1/2018	OPEN	DEFEND	ETHAN M RED.	ETHAN REDMON	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	4/14/2020	4/2/2020	\$3,725	\$450	
BB0130440	County of M.	3/1/2018	OPEN	COLLECT	EDWARD J BEA.	EDWARD BEAVERS	FRANCISCAN HEALTH - INDI.	INDIANAPOL.	IN	3/25/2020	3/9/2020	\$5,649	\$1,213	
BB0128590	County of M.	3/1/2018	CLOSED	CLOSED	DANIEL S BART.	DANIEL BARTH	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	3/18/2020	3/9/2020	\$5,489	\$1,057	
BB0128612	County of M.	3/1/2018	OPEN	DEFEND	KYLE A PROCT.	KYLE PROCTOR	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	3/18/2020	3/9/2020	\$3,898	\$785	
BB0128288	County of M.	3/1/2018	OPEN	DEFEND	SARAH HINES	SARAH HINES	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	3/18/2020	2/10/2020	\$2,576	\$433	
BB0128060	County of M.	3/1/2018	OPEN	VALREQ	BENJAMIN MA.	BENJAMIN MATTIN.	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	1/9/2020	12/9/2019	\$5,700	\$925	
BB0127942	County of M.	3/1/2018	OPEN	DEFEND	CAROLYN E CO.	RIK CONRAD	NAAB ROAD SURGERY CENT.	INDIANAPOL.	IN	2/25/2020	10/28/2019	\$33,477	\$2,145	
BB0127872	County of M.	3/1/2018	OPEN	VALREQ	ASHLEE N WAL.	TRAVIS WALING	ASCENSION ST. VINCENT H.	INDIANAPOL.	IN	9/20/2018	8/26/2018	\$6,014	\$1,252	
BB0126865	County of M.	3/1/2018	CLOSED	CLOSED	ETHAN REDM.	ETHAN REDMON	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	1/29/2020	1/12/2020	\$2,206	\$463	
BB0126866	County of M.	3/1/2018	OPEN	VALREQ	ETHAN REDM.	ETHAN REDMON	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	2/19/2020	1/21/2020	\$30,152	\$7,045	
BB0126181	County of M.	3/1/2018	OPEN	VALREQ	JENNIFER J BE.	JENNIFER BENTLEY	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	2/10/2020	1/30/2020	\$954	\$134	
BB0126183	County of M.	3/1/2018	OPEN	VALREQ	JENNIFER J BE.	JENNIFER BENTLEY	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	2/13/2020	2/3/2020	\$6,567	\$1,744	
BB0126048	County of M.	3/1/2018	OPEN	VALREQ	CONSTANCE S.	MARK SMITH	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	2/12/2020	2/1/2020	\$7,586	\$1,324	
BB0125871	County of M.	3/1/2018	OPEN	DEFEND	GARY BOOTH	JILL BOOTH	COMMUNITY HOSPITAL SO.	INDIANAPOL.	IN	2/3/2020	11/25/2019	\$70,272	\$8,418	
BB0125226	County of M.	3/1/2018	CLOSED	CLOSED	BRIAN SUTHER.	BRIAN SUTHERLIN	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	1/8/2020	1/6/2020	\$308	\$34	
BB0125242	County of M.	3/1/2018	OPEN	DEFEND	SARAH HINES	SARAH HINES	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	2/5/2020	1/13/2020	\$539	\$91	
BB0124826	County of M.	3/1/2018	CLOSED	CLOSED	JENNIFER J BE.	JENNIFER BENTLEY	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	1/30/2020	1/23/2020	\$408	\$137	
BB0124650	County of M.	3/1/2018	OPEN	VALREQ	JACOB MOORE	LARLA MOORE	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	1/29/2020	1/20/2020	\$5,353	\$1,111	
BB0123601	County of M.	3/1/2018	CLOSED	CLOSED	SANDRA RAM.	SANDRA RAMOS	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	11/6/2019	10/30/2019	\$360	\$137	
BB0123420	County of M.	3/1/2018	OPEN	VALREQ	KIRSTEN SUTH.	KIRSTEN SUTHERLIN	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	1/9/2020	12/23/2019	\$2,647	\$366	
BB0123066	County of M.	3/1/2018	OPEN	DEFEND	SARAH HINES	SARAH HINES	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	1/9/2020	12/16/2019	\$577	\$97	
BB0122321	County of M.	3/1/2018	OPEN	VALREQ	SCOTT BRADY	LAURIE BRADY	FRANCISCAN ST. ELIZABETH.	LAFAYETTE	IN	5/28/2019	3/5/2019	\$36,879	\$5,128	
BB0121911	County of M.	3/1/2018	CLOSED	CLOSED	KATHY A TRAU.	KATHY TRAUGHBER	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	11/13/2019	11/5/2019	\$380	\$137	
BB0121357	County of M.	3/1/2018	CLOSED	CLOSED	CAROLYN E CO.	CAROLYN CONRAD	FRANCISCAN HEALTH CRA.	CRAWFORD.	IN	12/23/2019	12/13/2019	\$380	\$137	

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County of Montgomery HSA Plan

Pre-Service Agreement Detail

Apply Filters

ProContract ID	Fernal Account	Group Client C.	Created Date	ProContract St.	ProContract En.	Contract Status	Contract Status	Same Day Req.	Request Source	Member	Health System	Provider	NPI	Procedure	Pricing Reques.	Contract Basis
PC0003210	County of Mon.	COUNTMONIN.	9/10/2018 9:3	9/7/2018	9/7/2018	Not Resolved	Group denied	0	Facility	Kathleen Brown	Franciscan Hea.	FRANCISCAN HEALTH C.	1588774558	EGD	Null	Billed Charges
PC0004003	County of Mon.	COUNTMONIN.	1/28/2019 1:2	4/12/2019	4/12/2019	Cancelled	Other	0	TPA	Cynthia Lewin	Franciscan Hea.	FRANCISCAN HEALTH LA.	1356435341	Colonoscopy	Null	Null
PC0005479	County of Mon.	COUNTMONIN.	11/22/2019 2:	11/25/2019	11/25/2019	Not Resolved	Group Uphont	0	TPA	Jill Booth	Community He.	COMMUNITY HEALTH N.	1619163854	Laparoscopy surg partial nephrec.	Null	Billed Charges

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RX Options

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Vendor Summary - One Year Only Contract Financials

Savings Model	GPA-Keenan-ESI	GPA-SScripts	TrueRx	GPA-RxBenefits- OPTUMRx-Premium	GPA-RxBenefits-ESI	GPA-RxBenefits-CV5	GPA-ProAct	GPA - ServeYou	GPA-RxBen OPTUMRx-5
Claims File Ingredient Cost	\$ 382,463	\$ 382,463	\$ 382,463	\$ 382,463	\$ 382,463	\$ 382,463	\$ 382,463	\$ 382,463	\$ 382,463
IC After Proposed PBM Discounts	\$ 369,365	\$ 368,475	\$ 368,601	\$ 362,353	\$ 357,483	\$ 359,710	\$ 377,936	\$ 374,825	\$ 362,353
Value of Discount Savings	\$ 13,098	\$ 13,988	\$ 13,862	\$ 20,110	\$ 24,980	\$ 22,753	\$ 4,527	\$ 7,638	\$ 20,110
Value of Added Rebates	\$ 46,948	\$ 80,154	\$ 66,783	\$ 68,645	\$ 55,445	\$ 55,380	\$ 59,964	\$ 42,780	\$ 68,645
Value of Added Savings Options	\$ -	\$ 14,667	\$ 26,017	\$ -	\$ -	\$ -	\$ 18,279	\$ 23,400	\$ -
Cost of Services	\$ (15,648)	\$ (17,053)	\$ (13,598)	\$ (8,782)	\$ (8,782)	\$ (8,782)	\$ (18,764)	\$ (14,734)	\$ (8,782)
Net Savings Available	\$ 44,398	\$ 91,756	\$ 93,064	\$ 79,973	\$ 71,643	\$ 69,351	\$ 64,006	\$ 59,084	\$ 44,398
% savings achieved	12%	24%	24%	21%	19%	18%	17%	15%	12%
difference from incumbent bid	n/a	\$ 47,359	\$ 48,667	\$ 35,575	\$ 27,246	\$ 24,954	\$ 19,609	\$ 14,686	\$ 47,359
Value of PAP/Aid-Based Savings	\$ -	\$ -	\$ 208,140	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Offset Savings from Options Above	\$ -	\$ -	\$ (22,978)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lost Rebates	\$ -	\$ -	\$ (36,482)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Savings Potential	\$ 44,398	\$ 91,756	\$ 241,744	\$ 79,973	\$ 71,643	\$ 69,351	\$ 64,006	\$ 59,084	\$ 44,398
% savings achieved	12%	24%	63%	21%	19%	18%	17%	15%	12%
difference from incumbent bid	n/a	\$ 47,359	\$ 197,347	\$ 35,575	\$ 27,246	\$ 24,954	\$ 19,609	\$ 14,686	\$ 47,359
Value of Savings Options Not Added	\$ 42,166	\$ 30,080	\$ 5,935	\$ 19,686	\$ 13,775	\$ 14,051	\$ 7,917	\$ -	\$ -
Contract Term:	1 year	1 year	1 year	1 year	1 year	1 year	1 year	1 year	1 year

Notes: The only PBM who directly addressed Revlimid drug savings opportunities was TrueRx. They suggested their white glove patient assistance program. Note that this program is contingent upon the income of the patient being filed with the manufacturer, and this program can change for the drug at any time.

TrueRx is expected to become a PharmWatch PBM through GPA which may slightly reduce the fees/cost

TrueRx is based on their narrow formulary - based on claims, 5 members may be impacted and need white glove transition support

January 1, 2021		County of Montgomery, Indiana								
2020 Midpoint (27 Pays)	September 2020 Enrollment	Medical Only Monthly Rate	Employee Monthly	Employee Per Pay	County Portion Monthly	County Portion Per Payroll	Yearly Premiums based off September 2020 Enrollment	Yearly EE Contribution based off September 2020 Enrollment	Yearly County Contribution based off September 2020 Enrollment	
Employee	120	\$714.99	\$66.86	\$29.72	\$648.13	\$288.06	\$1,029,585.60	\$96,278.40	\$933,307.20	
Employee & Spouse	16	\$1,612.99	\$486.73	\$216.32	\$1,126.26	\$500.56	\$309,694.08	\$93,452.16	\$216,241.92	
Employee & Children	19	\$1,295.59	\$338.32	\$150.36	\$957.27	\$425.45	\$295,394.52	\$77,136.96	\$218,257.56	
Family	12	\$1,912.61	\$626.81	\$278.58	\$1,285.80	\$571.47	\$275,415.84	\$90,260.64	\$185,155.20	
Total							\$ 1,910,090.04	\$ 357,128.16	\$ 1,552,961.88	
2021 Midpoint (26 Pays) Same EE Cont Amount	September 2020 Enrollment	Medical Only Monthly Rate	Employee Monthly	Employee Per Pay	County Portion Monthly	County Portion Per Payroll	Yearly Premiums based off September 2020 Enrollment	Yearly EE Contribution based off September 2020 Enrollment	Yearly County Contribution based off September 2020 Enrollment	
Employee	120	\$792.72	\$66.86	\$30.86	\$725.86	\$322.60	\$1,141,513.37	\$96,278.40	\$1,045,234.97	
Employee & Spouse	16	\$1,788.34	\$486.73	\$224.64	\$1,301.61	\$578.49	\$343,361.38	\$93,452.16	\$249,909.22	
Employee & Children	19	\$1,436.44	\$338.32	\$156.15	\$1,098.12	\$488.05	\$327,507.29	\$77,136.96	\$250,370.33	
Family	12	\$2,120.53	\$626.81	\$289.30	\$1,493.72	\$663.88	\$305,356.70	\$90,260.64	\$215,096.06	
Total							\$ 2,117,738.74	\$ 357,128.16	\$ 1,760,610.58	
2021 Midpoint (26 Pays) Same EE Cont Percentage	September 2020 Enrollment	Medical Only Monthly Rate	Employee Monthly	Employee Per Pay	County Portion Monthly	County Portion Per Payroll	Yearly Premiums based off September 2020 Enrollment	Yearly EE Contribution based off September 2020 Enrollment	Yearly County Contribution based off September 2020 Enrollment	
Employee	120	\$792.72	\$74.13	\$34.21	\$718.59	\$319.37	\$1,141,513.37	\$106,744.97	\$1,034,768.40	
Employee & Spouse	16	\$1,788.34	\$539.64	\$249.07	\$1,248.70	\$554.98	\$343,361.38	\$103,611.48	\$239,749.90	
Employee & Children	19	\$1,436.44	\$375.10	\$173.12	\$1,061.34	\$471.70	\$327,507.29	\$85,522.63	\$241,984.66	
Family	12	\$2,120.53	\$694.95	\$320.75	\$1,425.58	\$633.59	\$305,356.70	\$100,073.01	\$205,283.69	
Total							\$ 2,117,738.74	\$ 395,952.09	\$ 1,721,786.65	

Notes:
1. PEs do not include Employer HSA Contribution, Employer HRA Contribution, and Clinic Costs
2. 2021 Midpoint Premium Equivalents are 10.87% above 2020 Premiums.

Health Insurance Premium Options

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January 1, 2021		County of Montgomery, Indiana								
2020 Midpoint (27 Pays)	September 2020 Enrollment	Medical Only Monthly Rate	Employee Monthly	Employee Per Pay	County Portion Monthly	County Portion Per Payroll	Yearly Premiums based off September 2020 Enrollment	Yearly EE Contribution based off September 2020 Enrollment	Yearly County Contribution based off September 2020 Enrollment	
Employee	120	\$714.99	\$66.86	\$29.72	\$648.13	\$288.06	\$1,029,585.60	\$96,278.40	\$933,307.20	
Employee & Spouse	16	\$1,612.99	\$486.73	\$216.32	\$1,126.26	\$500.56	\$309,694.08	\$93,452.16	\$216,241.92	
Employee & Children	19	\$1,295.59	\$338.32	\$150.36	\$957.27	\$425.45	\$295,394.52	\$77,136.96	\$218,257.56	
Family	12	\$1,912.61	\$626.81	\$278.58	\$1,285.80	\$571.47	\$275,415.84	\$90,260.64	\$185,155.20	
Total							\$ 1,910,090.04	\$ 357,128.16	\$ 1,552,961.88	
2021 Midpoint (26 Pays) Same EE Cont Amount	September 2020 Enrollment	Medical Only Monthly Rate	Employee Monthly	Employee Per Pay	County Portion Monthly	County Portion Per Payroll	Yearly Premiums based off September 2020 Enrollment	Yearly EE Contribution based off September 2020 Enrollment	Yearly County Contribution based off September 2020 Enrollment	
Employee	120	\$792.72	\$66.86	\$30.86	\$725.86	\$322.60	\$1,141,513.37	\$96,278.40	\$1,045,234.97	
Employee & Spouse	16	\$1,788.34	\$486.73	\$224.64	\$1,301.61	\$578.49	\$343,361.38	\$93,452.16	\$249,909.22	
Employee & Children	19	\$1,436.44	\$338.32	\$156.15	\$1,098.12	\$488.05	\$327,507.29	\$77,136.96	\$250,370.33	
Family	12	\$2,120.53	\$626.81	\$289.30	\$1,493.72	\$663.88	\$305,356.70	\$90,260.64	\$215,096.06	
Total							\$ 2,117,738.74	\$ 357,128.16	\$ 1,760,610.58	
2021 Midpoint (26 Pays) Same EE Cont Percentage	September 2020 Enrollment	Medical Only Monthly Rate	Employee Monthly	Employee Per Pay	County Portion Monthly	County Portion Per Payroll	Yearly Premiums based off September 2020 Enrollment	Yearly EE Contribution based off September 2020 Enrollment	Yearly County Contribution based off September 2020 Enrollment	
Employee	120	\$792.72	\$74.13	\$34.21	\$718.59	\$319.37	\$1,141,513.37	\$106,744.97	\$1,034,768.40	
Employee & Spouse	16	\$1,788.34	\$539.64	\$249.07	\$1,248.70	\$554.98	\$343,361.38	\$103,611.48	\$239,749.90	
Employee & Children	19	\$1,436.44	\$375.10	\$173.12	\$1,061.34	\$471.70	\$327,507.29	\$85,522.63	\$241,984.66	
Family	12	\$2,120.53	\$694.95	\$320.75	\$1,425.58	\$633.59	\$305,356.70	\$100,073.01	\$205,283.69	
Total							\$ 2,117,738.74	\$ 395,952.09	\$ 1,721,786.65	

- Notes:
1. PE's do not include Employer HSA Contribution, Employer HRA Contribution, and Clinic Costs
 2. 2021 Midpoint Premium Equivalents are 10.87% above 2020 Premiums.

**Montgomery County Premium
Equivalents 1/21-12/21**

2020 Premium Equivalents		
2020	# EE	\$5,000 HSA
EE	120	\$714.99
ES	16	\$1,612.99
EC	19	\$1,295.59
Family	12	\$1,912.61
Totals	167	\$1,910,090
Ann Tot of all	167	\$1,910,090

2021 Premium Equivalents Based on Expected Claims		
2021	# EE	\$5,000 HSA
EE	120	\$740.63
ES	16	\$1,670.84
EC	19	\$1,342.05
Family	12	\$1,981.20
Totals	167	\$1,978,593
Ann Tot of all	167	\$1,978,593
% Increase		3.6%

2021 Premium Equivalents Based on Midpoint Claims		
2021	# EE	\$5,000 HSA
EE	120	\$792.72
ES	16	\$1,788.34
EC	19	\$1,436.44
Family	12	\$2,120.53
Totals	167	\$2,117,739
Ann Tot of all	167	\$2,117,739
% Increase		10.9%

2021 Premium Equivalents Based on Maximum Claims		
2021	# EE	\$5,000 HSA
EE	120	\$844.80
ES	16	\$1,905.84
EC	19	\$1,530.82
Family	12	\$2,259.86
Totals	167	\$2,256,885
Ann Tot of all	167	\$2,256,885
% Increase		18.2%

2020 Premium Equivalents were set at the Midpoint

Additional Liability of \$160,000 added for Revlimid

\\Client Files\Montgomery County\Informatics\Premium Equivalents\2021\2021 Montgomery County Premium Equivalents .xlsx\2021 Montgomery Cnty PE

Claims Analysis

Tuesday, October 20, 2020 7:40 PM

Select a Plan Year
2020

A Self-Funded
Evaluation

Ver 1.4.1

YTD CLAIMS ANALYSIS
PREPARED EXCLUSIVELY FOR:

Montgomery County of Indiana

Plan Year

2020

Reporting Through

September 2020

Presented by

APEXBENEFITS

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, stop-loss reimbursements, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

1

Monthly Performance Report
Montgomery County of Indiana

Plan All	Division All	Select a Plan Year 2020
-------------	-----------------	----------------------------

	Paid Month												Year-to-Date	
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	P
Members	237	244	243	245	245	245	241	244	249	0	0	0	2,193	
Employees	158	164	163	165	166	163	161	163	167	0	0	0	1,470	
Contract Size	1.50	1.49	1.49	1.48	1.48	1.50	1.50	1.50	1.49				1.49	
Claim Payments														
Medical Claims	\$23,737	\$38,622	\$32,038	\$16,686	\$51,422	\$16,227	\$22,965	\$42,610	\$28,683	\$0	\$0	\$0	\$272,990	\$18
ELAP Services	\$33,668	\$88,568	\$40,480	\$15,198	\$69,904	\$29,203	\$54,679	\$42,697	\$37,311	\$0	\$0	\$0	\$411,708	\$28
Rx Claims	\$20,002	\$24,297	\$23,551	\$25,923	\$25,188	\$23,715	\$23,205	\$30,291	\$47,554	\$0	\$0	\$0	\$243,725	\$16
ISL Reimbursement	\$0	\$0	\$0	\$0	(\$5,553)	(\$56,595)	(\$78,844)	(\$49,339)	(\$60,346)	\$0	\$0	\$0	(\$250,677)	(\$17)
Total Net Claim	\$77,406	\$151,488	\$96,069	\$57,807	\$140,961	\$12,550	\$22,004	\$66,260	\$53,202	\$0	\$0	\$0	\$677,746	\$46
Fixed Costs														
ISL Premium	\$35,435	\$36,280	\$36,139	\$36,421	\$36,561	\$36,725	\$35,857	\$36,725	\$37,288	\$0	\$0	\$0	\$327,432	\$22
Admin Fee	\$7,821	\$8,118	\$8,069	\$8,168	\$8,217	\$8,069	\$7,970	\$8,069	\$8,267	\$0	\$0	\$0	\$72,765	\$4
ASL Premium	\$1,616	\$1,678	\$1,667	\$1,688	\$1,698	\$1,667	\$1,647	\$1,667	\$1,708	\$0	\$0	\$0	\$15,038	\$1
Total Fixed Costs	\$44,872	\$46,076	\$45,875	\$46,276	\$46,477	\$46,461	\$45,474	\$46,461	\$47,263	\$0	\$0	\$0	\$415,235	\$28
Total Plan Cost	\$122,278	\$197,563	\$141,944	\$104,083	\$187,437	\$59,011	\$67,478	\$112,721	\$100,465	\$0	\$0	\$0	\$1,092,981	\$74
Premium														
Company Premium	\$88,809	\$91,329	\$90,979	\$91,679	\$91,609	\$92,269	\$90,310	\$91,910	\$93,310	\$0	\$0	\$0	\$822,207	\$55
Employee Premium	\$30,081	\$30,921	\$30,804	\$31,037	\$31,014	\$31,234	\$30,581	\$31,114	\$31,581	\$0	\$0	\$0	\$278,366	\$18
Total Premium	\$118,890	\$122,250	\$121,783	\$122,717	\$122,623	\$123,503	\$120,891	\$123,025	\$124,891	\$0	\$0	\$0	\$1,100,574	\$74
Surplus/(Deficit)	(\$3,388)	(\$75,313)	(\$20,160)	\$18,633	(\$64,814)	\$64,493	\$53,413	\$10,304	\$24,426	\$0	\$0	\$0	\$7,593	\$

Plan Metrics														
Network Penetration	19.4%	2.4%	12.8%	14.1%	10.4%	4.8%	10.1%	28.9%	15.0%	0.0%	0.0%	0.0%	12.4%	
Generic Utilization	91.9%	91.3%	88.1%	91.9%	88.7%	69.0%	87.7%	85.2%	89.1%	0.0%	0.0%	0.0%	87.1%	

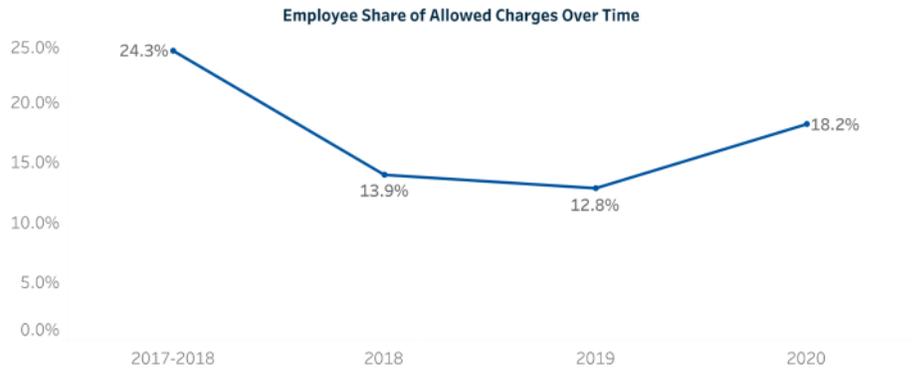
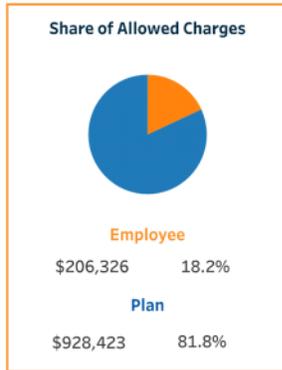


Financial Report

Cost Sharing Summary

Montgomery County of Indiana
Plan Year Through (Paid Basis): September 2020

	Paid Claims	Medical	Rx	HRA	Total	% of Total
Employee		\$0	\$0		\$0	0.0%
	Copay	\$162,845	\$43,612		\$206,457	18.2%
	Deductible..	(\$131)	\$0		(\$131)	0.0%
Employee Subtotal		\$162,714	\$43,612	\$0	\$206,326	18.2%
Plan	Plan Paid	\$684,698	\$243,725		\$928,423	81.8%
	HRA			\$0		
	Plan Subtotal	\$684,698	\$243,725	\$0	\$928,423	81.8%
Totals		\$847,412	\$287,338		\$1,134,749	100.0%



Financial Report

Cost Sharing by Plan

Montgomery County of Indiana
Plan Year Through (Paid Basis): September 2020

Claims Incurred Under Previous Year Plans, Paid in Current Year.

	Medical	Rx	Total	% of Total
Employee Plan	\$20,220	(\$8)	\$20,212	11.5%
	\$146,783	\$8,737	\$155,519	88.5%
Total	\$167,002	\$8,729	\$175,731	100.0%

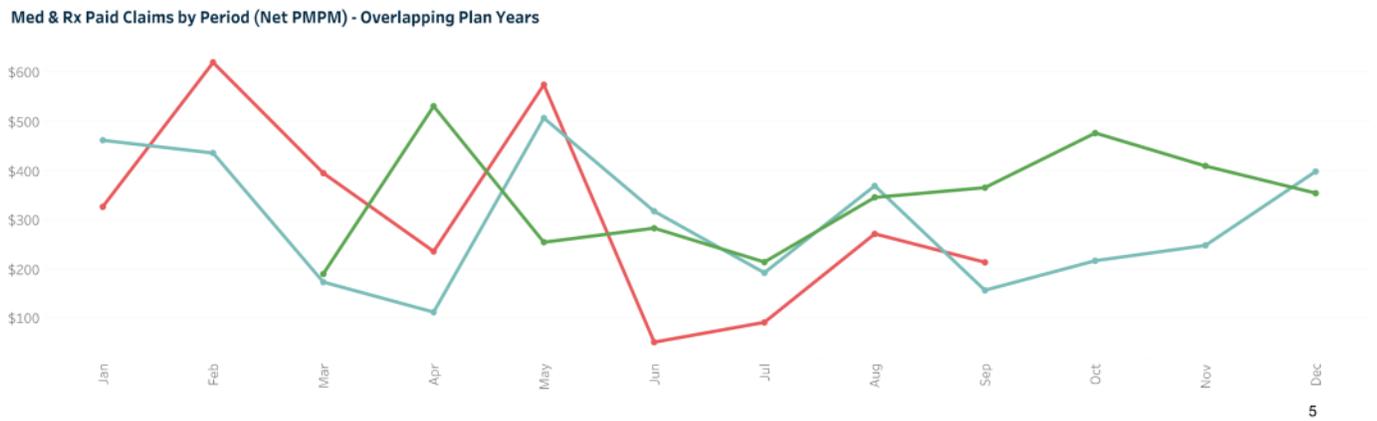
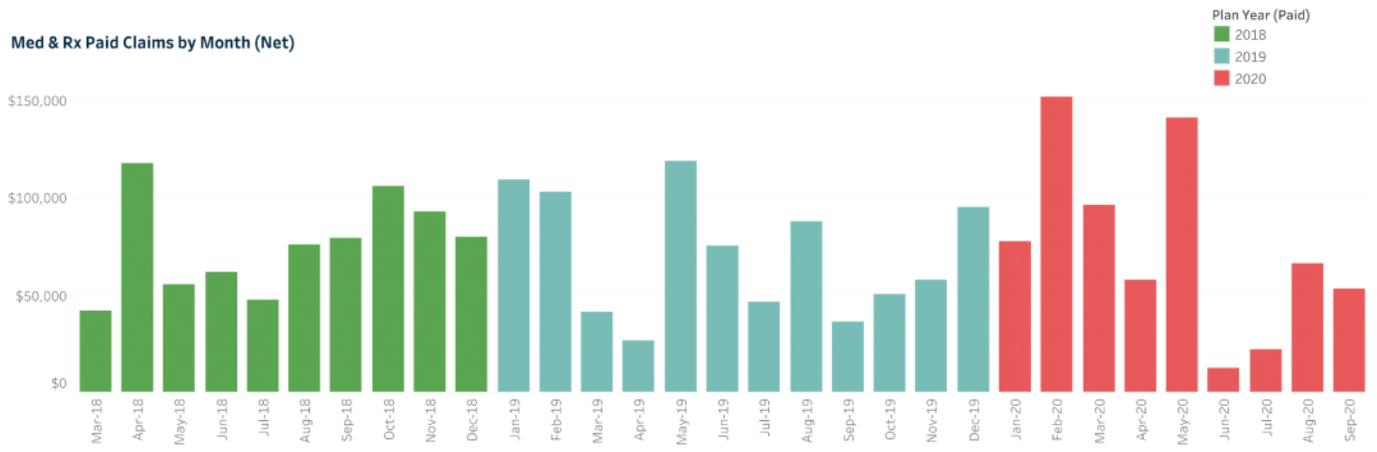
Current Year Plans

Enrollment (Avg.)	Plan Name		Medical	Rx	Total	% of Total
		Employee	\$142,494	\$43,617	\$186,111	19.4%
163	HSA PLAN	Plan	\$537,915	\$234,989	\$772,904	80.6%
		Total	\$680,409	\$278,605	\$959,015	100.0%

Financial Report

Distribution of Claims

Montgomery County of Indiana
Plan Year Through (Paid Basis): September 2020



Financial Report

Large Claimant Summary

Montgomery County of Indiana
Plan Year Through (Paid Basis): September 2020

Top 25 Claimants

No.	Person ID	Plan	Age	Relation	Status	Diagnosis / Therapeutic Code	Medical	Rx	Total Paid	% of Total	Cumul
1	27833832	HSA PLAN	46 - 65	Spouse	Active	Acute kidney failure and chronic kidney disease	\$295,019	\$17,592	\$312,610	33.67%	33
2	27824319	HSA PLAN	31 - 45	Employee	Active	MISCELLANEOUS THERAPEUTIC CLASSES	\$3,954	\$153,539	\$157,494	16.96%	50
3	27825038	HSA PLAN	18 - 30	Employee	Active	Other dorsopathies	\$80,401	\$172	\$80,573	8.68%	50
4	28572306	HSA PLAN	Null	Employee	Null	General symptoms and signs	\$72,290	\$0	\$72,290	7.79%	67
5	27824926	HSA PLAN	31 - 45	Spouse	Active	ANALGESICS - ANTI-INFLAMMATORY	\$402	\$54,272	\$54,674	5.89%	73
6	28572270	HSA PLAN	46 - 65	Spouse	Active	Other disorders of kidney and ureter	\$49,476	\$0	\$49,476	5.33%	78
7	28572262	HSA PLAN	Null	Spouse	Null	Influenza and pneumonia	\$22,399	\$1,455	\$23,854	2.57%	80
8	27833648	HSA PLAN	46 - 65	Employee	Active	Injuries to the knee and lower leg	\$13,920	\$36	\$13,956	1.50%	82
9	27833736	HSA PLAN	46 - 65	Employee	Active	Symptoms and signs involving the circulatory and respiratory syste..	\$12,507	\$0	\$12,507	1.35%	83
10	27833868	HSA PLAN	46 - 65	Employee	Active	Other soft tissue disorders	\$11,741	\$58	\$11,798	1.27%	85
11	27824970	HSA PLAN	31 - 45	Employee	Active	Edema, proteinuria and hypertensive disorders in pregnancy, childbi..	\$10,352	\$51	\$10,403	1.12%	86
12	27832309	HSA PLAN	0 - 17	Child	Active	Diabetes mellitus	\$6,966	\$2,722	\$9,688	1.04%	87
13	27824099	HSA PLAN	31 - 45	Employee	Active	Injuries to the wrist, hand and fingers	\$7,720	\$0	\$7,720	0.83%	88
14	27832073	HSA PLAN	46 - 65	Spouse	Terminated	Urolithiasis	\$6,883	\$0	\$6,883	0.74%	88
15	28578949	HSA PLAN	46 - 65	Employee	Active	GASTROINTESTINAL AGENTS - MISC.	\$957	\$5,636	\$6,592	0.71%	88
16	27833724	HSA PLAN	46 - 65	Employee	Active	Symptoms and signs involving the circulatory and respiratory syste..	\$6,362	\$0	\$6,362	0.69%	90
17	27824267	HSA PLAN	46 - 65	Spouse	Active	Renal tubulo-interstitial diseases	\$5,833	\$0	\$5,833	0.63%	90
18	28578664	HSA PLAN	46 - 65	Employee	Active	Other joint disorders	\$5,438	\$0	\$5,438	0.59%	92
19	27832053	HSA PLAN	46 - 65	Spouse	Active	Melanoma and other malignant neoplasms of skin	\$4,726	\$610	\$5,336	0.57%	92
20	27831965	HSA PLAN	Null	Employee	Null	Symptoms and signs involving the circulatory and respiratory syste..	\$4,377	\$5	\$4,383	0.47%	92
21	28572298	HSA PLAN	31 - 45	Employee	Active	MIGRAINE PRODUCTS	\$397	\$3,150	\$3,547	0.38%	92
22	28578628	HSA PLAN	Null	Spouse	Null	Disorders of eyelid, lacrimal system and orbit	\$3,531	\$0	\$3,531	0.38%	92
23	27831909	HSA PLAN	46 - 65	Employee	Active	Persons with potential health hazards related to family and personal..	\$3,319	\$0	\$3,319	0.36%	92
24	27832185	HSA PLAN	0 - 17	Child	Active	Injuries to the shoulder and upper arm	\$3,061	\$0	\$3,061	0.33%	92
25	55050785	HSA PLAN	31 - 45	Employee	Active	Nerve, nerve root and plexus disorders	\$2,887	\$0	\$2,887	0.31%	94

Number of Claimants

25

Med & Rx Plan Paid

\$874,214

Percentage of All Claims

94%

Financial Report

Large Claimants by Month

Montgomery County of Indiana
Plan Year Through (Paid Basis): September 2020

Top 25 Claimants

No.	Person ID	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Total	
1	27833832	\$25,821	\$23,960	\$34,749	\$22,401	\$43,543	\$40,192	\$60,425	\$33,474	\$28,046	\$312,610	
2	27824319	\$11,220	\$15,956	\$16,709	\$16,050	\$16,329	\$15,938	\$17,127	\$15,865	\$32,300	\$157,494	
3	27825038	\$728	\$10,983	\$1,449	\$1,085	\$64,571	\$466	\$1,292	\$0	\$0	\$80,573	
4	28572306	\$5,037	\$9,773	\$7,239	\$1,725	\$19,740	\$5,257	\$5,913	\$6,419	\$11,187	\$72,290	
5	27824926	\$5,493	\$5,532	\$5,469	\$5,401	\$5,401	\$5,401	\$5,401	\$5,606	\$10,970	\$54,674	
6	28572270	\$2,829	\$54,921	\$0	\$0	(\$8,274)	\$0	\$0	\$0	\$0	\$49,476	
7	28572262	\$5,607	\$686	\$15,826	\$1,579	\$185	\$0	\$0	(\$29)	\$0	\$23,854	
8	27833648	\$0	\$0	\$0	\$0	\$0	\$0	\$100	\$10,583	\$3,273	\$13,956	
9	27833736	\$0	\$0	\$3,041	\$0	\$0	\$0	\$1,793	\$4,102	\$3,571	\$12,507	
10	27833868	\$271	\$8,656	\$1,350	\$0	\$1,521	\$0	\$0	\$0	\$0	\$11,798	
11	27824970	\$2	\$83	\$0	\$0	\$76	\$57	\$45	\$10,140	\$0	\$10,403	
12	27832309	\$914	\$47	\$0	\$0	\$0	\$0	\$0	\$8,509	\$218	\$9,688	
13	27824099	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,720	\$7,720	
14	27832073	\$0	\$6,162	\$721	\$0	\$0	\$0	\$0	\$0	\$0	\$6,883	
15	28578949	\$159	\$11	\$1,291	\$1,294	\$13	\$19	\$1,131	\$1,335	\$1,339	\$6,592	
16	27833724	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,201	\$161	\$6,362	
17	27824267	\$0	\$910	\$0	\$0	\$0	\$0	\$0	\$4,922	\$0	\$5,833	
18	28578664	\$0	\$1,350	\$3,025	\$564	\$154	\$78	\$113	\$97	\$57	\$5,438	
19	27832053	\$4,155	\$0	\$60	\$950	\$0	\$32	\$32	\$107	\$0	\$5,336	
20	27831965	\$2,826	\$46	\$0	\$71	\$0	\$0	\$1,440	\$0	\$0	\$4,383	
21	28572298	\$26	\$20	\$39	\$573	\$768	\$137	\$74	\$706	\$1,204	\$3,547	
22	28578628	\$0	\$3,531	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,531	
23	27831909	\$2,803	\$0	\$0	\$0	\$0	\$0	\$0	\$471	\$45	\$3,319	
24	27832185	\$3,061	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,061	
25	55050785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,887	\$2,887	
Total		\$70,950	\$142,627	\$90,967	\$51,694	\$144,027	\$67,578	\$94,888	\$108,508	\$102,976	\$874,214	--

Financial Report

Stop Loss Policy Performance

Montgomery County of Indiana
Stop Loss Plan Year Selection: 2020

Summary of Contract Performance

Premium Paid:	\$329,048
Projected Reimbursement for Individual Coverage:	\$250,677
Projected Reimbursement for Aggregate Coverage:	\$0
Total Projected Reimbursements:	\$250,677
Premium In Excess of Loss:	\$78,371
Loss Ratio:	76.2%

Contract Details

Carrier:	Certus Management Group
Contract Start Date:	1/1/2020
Contract End Date:	12/31/2020
Contract Basis:	24/12
Individual Deductible:	\$75,000
Aggregating Specific Deductible:	\$0
Lasers:	1

Individual Performance

No.	Person ID	Medical	Rx	Total Paid	ISL Ded.	Over Ded.	Projected Reimbursement	
1	27833832	\$295,019	\$17,592	\$312,610	\$150,000	\$162,610	\$162,610	27833832
2	27824319	\$3,954	\$153,539	\$157,494	\$75,000	\$82,494	\$82,494	27824319
3	27825038	\$80,401	\$172	\$80,573	\$75,000	\$5,573	\$5,573	27825038
4	28572306	\$72,290	\$0	\$72,290	\$75,000	\$0	\$0	28572306
5	28572270	\$57,750	\$0	\$57,750	\$75,000	\$0	\$0	28572270
6	27824926	\$402	\$54,272	\$54,674	\$75,000	\$0	\$0	27824926
7	28572262	\$22,428	\$1,455	\$23,883	\$75,000	\$0	\$0	28572262
8	27833648	\$13,920	\$36	\$13,956	\$75,000	\$0	\$0	27833648
9	27833736	\$12,507	\$0	\$12,507	\$75,000	\$0	\$0	27833736
10	27833868	\$11,741	\$58	\$11,798	\$75,000	\$0	\$0	27833868
11	27824970	\$10,352	\$51	\$10,403	\$75,000	\$0	\$0	27824970
12	27832309	\$6,966	\$2,722	\$9,688	\$75,000	\$0	\$0	27832309
13	27824099	\$7,720	\$0	\$7,720	\$75,000	\$0	\$0	27824099
14	27832073	\$6,883	\$0	\$6,883	\$75,000	\$0	\$0	27832073
15	28578949	\$957	\$5,636	\$6,592	\$75,000	\$0	\$0	28578949
16	27833724	\$6,362	\$0	\$6,362	\$75,000	\$0	\$0	27833724
17	27824267	\$5,833	\$0	\$5,833	\$75,000	\$0	\$0	27824267
18	28578664	\$5,438	\$0	\$5,438	\$75,000	\$0	\$0	28578664

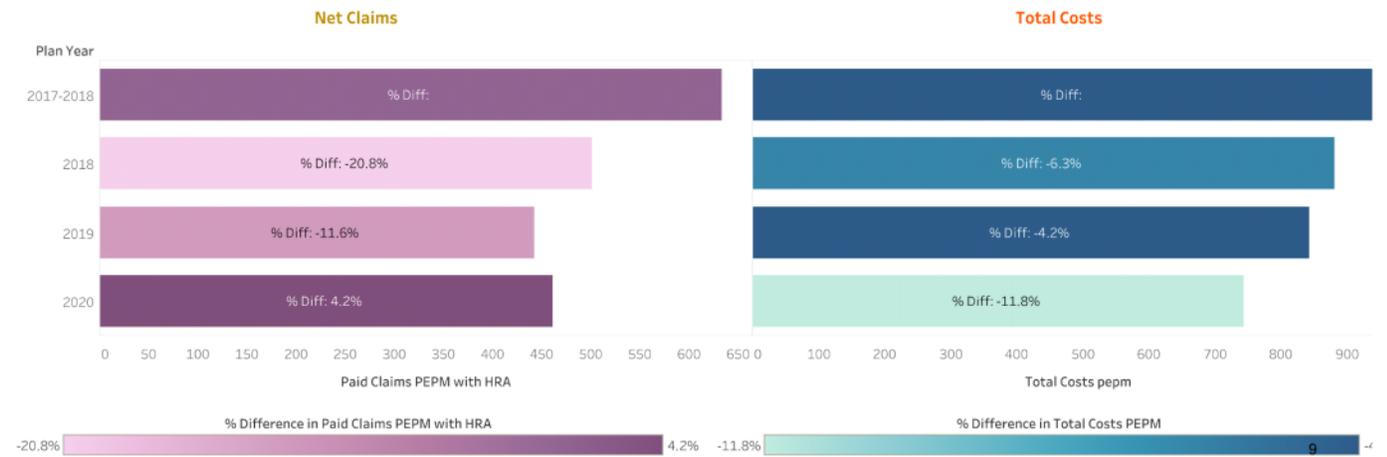
Shaded Area Reflects Amount Over ISL Deductible

\$0K \$50K \$100K \$150K \$200K \$250K \$300K

\$79,167

Financial Report

Historical PEPM										Montgomery County of Indiana												
										Plan Year Through (Paid Basis): September 2020												
Plan Year	Enrollment	Med Claims	+	Rx Claims	+	HRA Dollars	+	Capitation Fees	-	Rx Rebates	-	Stop Loss Claims	=	Net Claims	<=>	YoY Change	+	Fixed Costs	=	Total Costs	<=>	Y Ch
2017-20..	150	\$681.12		\$115.29		\$0.00		\$0.00		\$0.00		(\$164.16)		\$632.25				\$306.72		\$938.98		
2018	152	\$435.51		\$148.22		\$0.00		\$0.00		\$0.00		(\$83.21)		\$500.51		-20.8%		\$379.48		\$879.99		-6.3%
2019	160	\$817.95		\$169.06		\$0.00		\$0.00		\$0.00		(\$544.62)		\$442.39		-11.6%		\$400.49		\$842.87		-4.2%
2020	163	\$465.78		\$165.80		\$0.00		\$0.00		\$0.00		(\$170.53)		\$461.05		4.2%		\$282.47		\$743.52		-11.8%



Ordinance 2020-36

Thursday, October 15, 2020 9:12 AM

Montgomery County Board of Commissioners

Ordinance 2020-36

AN ORDINANCE CREATING THE HMEP 2021 HAZMAT GRANT FUND

Whereas, the Montgomery County Emergency Management Agency has been awarded \$13,795.00 from the Indiana Department of Homeland Security for a Hazardous Materials Emergency Preparedness Program (HMEP) grant which will reimburse the Agency for the purchase of equipment related to its hazardous materials mass notification system; and

Whereas, the use of funds from this award is controlled by the Award Agreement executed by the Montgomery County Emergency Management Agency and the Indiana Department of Homeland Security, and this agreement requires the creation of a new fund;

Whereas, the Montgomery County Board of Commissioners finds that a new fund, the HMEP 2021 Hazmat Grant Fund, should be created in order to receive the funds and to provide a mechanism for appropriation and accounting for the funds used.

Therefore, it is ordained that a new section, Section 35.138 of the Montgomery County Code, is hereby added to the County Code and that this new section shall read as follows:

(B) *Use of Funds.* All money in the Fund will be used by the Health Department in a manner consistent with the terms and conditions of the Award Agreement between the Department and the Indiana Department of Health.

(C) *Non-Reverting Fund.* This is a Non-Reverting Fund.”

It is further ordained that this ordinance shall be effective upon adoption.

It is further ordained that all other provisions of the Montgomery County Code of Ordinances which are not specifically amended by this ordinance shall remain in full force and effect.

Adopted this ____ day of _____, 2020.

Montgomery County Board of
Commissioners:

James D. Fulwider, President

John Frey, Vice President

Dan Guard, Member

Attest:

Jennifer Andel, Auditor

“§ 35.138 HMEP 2021 HAZMAT GRANT FUND

- (A) *Source of Funds.* The Montgomery County Board of Commissioners hereby establishes the HMEP 2021 Hazmat Grant Fund. The fund shall consist of monies received by the Montgomery County Emergency Management Agency from the Indiana Department of Homeland Security for equipment related to its hazardous materials mass notification system.
- (B) *Use of Funds.* All money in the Fund will be used by the Emergency Management Agency in a manner consistent with the terms and conditions of the Award Agreement between the Agency and the Indiana Department of Homeland Security.
- (C) *Non-Reverting Fund.* This is a Non-Reverting Fund.”

It is further ordained that this ordinance shall be effective upon adoption.

It is further ordained that all other provisions of the Montgomery County Code of Ordinances which are not specifically amended by this ordinance shall remain in full force and effect.

Adopted this ____ day of _____, 2020.

Montgomery County Board of
Commissioners:

James D. Fulwider, President

John Frey, Vice President

Dan Guard, Member

Attest:

Jennifer Andel, Auditor

Ordinance 2020-37

Thursday, October 15, 2020 9:12 AM

Montgomery County Board of Commissioners

Ordinance 2020-37

Establishing the Montgomery County Mapping Department

Whereas, in the administration of the County government, the Board of Commissioners has determined that certain functions related to mapping and address confidentiality should be administered by a new department, namely the Mapping Department; and

Whereas, this Department should be supervised and managed by a Director of the Department who will be appointed by the Board of Commissioners and who will report to the County Administrator; and

Whereas, the duties of the Director will be provided for in the job description of the Director, as approved and modified periodically by the Board of Commissioners; and

Whereas, because this is a new department of the County government, the Board of Commissioners finds that a new section, Section 33.14, should be added to the Montgomery County Code of Ordinances.

Therefore, it is ordained, that a new section, Section 33.14, is hereby added to the Montgomery County Code of Ordinances, and this Section will read as follows:

“§33.14 MAPPING DEPARTMENT

(A) **Establishment.** There is established the Montgomery County Mapping Department.

(B) **Purpose.** The purpose of the Mapping Department is to administer the Geographic Information System Mapping Technology (GIS) mapping services, other mapping services and to administer the Address Confidentiality Policy and Address Numbering System of the Montgomery County government;

(C) **Director.** The Mapping Department will be supervised and managed by a Director who will be appointed by the Board of Commissioners. The Director will have all of the duties and responsibilities provided for in the job description approved by the Board of Commissioners. The Director will report to the County Administrator. The Director serves at the pleasure of the Board of Commissioners.

(D) **Administration of Address Confidentiality Policy.** The Director will administer the Montgomery County Address Confidentiality Policy, as provided for by Indiana Code §36-1-8.5 and Section 36.32 of the Montgomery County Code of Ordinances.

(E) **Administration of Address Numbering System.** The Director will administer the Montgomery County Address Numbering System Policy, as provided for in Section 90.15 to Section 90.26 of the Montgomery County Code.

(Added by Ordinance 2020-38, adopted October 26, 2020)”

It is further ordained that this ordinance shall become effective on January 1, 2021.

It is further ordained that any other provision of the Montgomery County Code of Ordinances which is not specifically amended by this ordinance shall remain in full force and effect.

Ordained this 26th day of October, 2020.

Montgomery County Board of Commissioners:

James D. Fulwider, President

John Frey, Member

Dan Guard, Member

Attest:

Jennifer Andel, Auditor

Information Technology Equipment Bid

Thursday, October 15, 2020 9:24 AM

Sealed bids will be opened at the meeting. The awarding of this bid will require additional expenditures estimated to be \$98,000 for software and connectivity. Funds will come from the Cares Act Grant.

NOTICE TO BIDDERS

Notice is hereby given that the Board of Commissioners of Montgomery County, Indiana will receive sealed bids in the Montgomery County Auditor's Office, Montgomery County Courthouse, 100 E Main Street – Room 102, Crawfordsville, Indiana 47933, no later than **8:00 am** (local time), **Monday, October 26, 2020** for Information Technology Equipment:

NOTEBOOK (x80)

Processor: 1.8 GHz Standard, 4.9 GHz Dynamic, 8 MB Cache, Quad Core

Memory: 16 GB

Storage: 512 GB SSD

Display: 15.6" LED backlight 1920 x 1080, Full HD

Warranty: 3 year including accidental damage

USB-C Docking Station

Display converter cable to VGA (x100)

Display converter cable to DVI (x60)

Laptops needed for all employees to work remotely if not allowed to work onsite because of COVID-19 related activities.

All bids will be opened at a regular meeting of the Montgomery County Commissioners on **Monday, October 26, 2020 @ 8:00 am** Room 103 of the Montgomery County Courthouse, 100 East Main Street, Crawfordsville, Indiana.

All bids will be taken under advisement for review by Montgomery County's IT Committee. The Montgomery County Commissioners reserve the right to reject all bids if it determines it is in the County's best interest to do so and waive any informality in bidding.

Dated the 28th day of September, 2020.

MONTGOMERY COUNTY BOARD OF COMMISSIONERS

Jim Fulwider

John Frey

Dan Guard

Access Road to Landfill Quote

Thursday, October 15, 2020 3:34 PM

Sealed quotes will be opened at the meeting.



MONTGOMERY COUNTY ENGINEER

110 West South Boulevard
Crawfordsville, IN 47933
Office: (765) 361-2623
Fax: (765) 361-3238
Email: james.peck@montgomerycounty.in.gov
Website: www.montgomerycounty.in.gov

Commissioners
Jim Fulwider, President
John Frey, Vice President
Dan Guard, Member
County Engineer
James (Jim) Peck, PE

October 14, 2020

Re: Montgomery County Landfill – Access Drive
Request for Quote to Construct

To Prospective Contractors:

The Montgomery County Commissioners are soliciting lump sum quotes to construct an access road from Memorial Drive to the county landfill along with another entrance east of the access road. The following are the requirements for this project:

Construction Documents

The lump sum quote shall be in accordance with the construction prepared by Deckard Engineering and Survey - No. 29194MC2M: Montgomery County Landfill Drives Revised Project – 2020

Questions or Clarification

All questions regarding this lump sum quote shall be submitted via email. Emailed questions shall be due on or before Wednesday October 21, 2020 at 5:00 p.m. Responses to questions will be shared with all contractors submitting lump sum quotes.

Quote Submission

All lump sum quotes are due and must be delivered to the County Commissioners Office on or before Friday, October 23, 2020 by 2:00 p.m. The contractor must use the attached “Lump Sum Quote Form” when submitting a lump sum quote. Lump sum quotes submitted late or via oral, telephonic, telegraphic, electronic mail or facsimile will not be considered or accepted.

Lump sum quotes must be addressed and delivered to:
Montgomery County Commissioners Office
c/o Jim Peck, PE – County Engineer
110 W South Boulevard
Crawfordsville, IN 47933

All quotes received on or before the due date will be publicly opened and recorded on Monday October 26, 2020 at the regularly scheduled Montgomery County Commissioners meeting at 8:00 a.m. No immediate decisions are rendered.

Award

The County intends to award the project to the lowest responsible contractor. The acceptability of major subcontractors will be considered in determining if a contractor is responsible. All key staff and subcontractors are subject to the approval by the County.

Withdrawal of Quotes

After the time of opening, no quotes may be withdrawn for the period of Ninety (90) days.

Contract Time

Time is of the essence in the performance of the work under this Contract. The availability of the contractor to perform immediate work under this Contract is essential. The successful contractor shall submit a construction schedule 7-days after award.

Cost Liability

The County Commissioners Office assumes no responsibility or liability for costs incurred by the contractor prior to the execution of a contract with the County. By submitting a bid, the contractor agrees to bear all costs incurred or related to the preparation, submission and selection process for the bid.

If you have any questions, please do not hesitate to contact me at 765-361-4132.

Sincerely,

James Peck, PE
Montgomery County Engineer

cc: Montgomery County Commissioners
Tom Klein, Montgomery County Administrator

Bridge 79 Bid

Wednesday, October 21, 2020 7:17 PM

Sealed bids will be opened and then will be taken under advisement for review with awarding at the end of November. The County's engineering consultant and the County Engineer will be responsible for reviewing the bids in order to make a recommendation to the Board of Commissioners.

Notice is hereby given that the Board of Commissioners of Montgomery County, Indiana; hereinafter referred to as the *OWNER*, will receive sealed bids for the following project:

***Replacement of Bridge No. 79,
County Road 100 West over Black Creek
Union Township
Montgomery County, Indiana***

Proposals may be forwarded individually by registered mail or delivered in person, addressed to the Montgomery County Auditor's Office, 100 East Main Street, Room 102, Crawfordsville, IN 47933 prior to 8:00 a.m., October 26, 2020. Bids received after the 8:00 a.m. deadline will not be considered but will be returned to the bidder unopened. Only proposals from those *CONTRACTORS* who are registered on the Indiana Department of Transportation's current listing of Prequalified Contractors for item D(A) "Bridges: Highway Over Water" will be considered. Any bids submitted by *CONTRACTORS* not approved for this item on the list will be returned to the bidder unopened.

All proposals will be considered by the *OWNER* at a public meeting held at the Montgomery County Courthouse, 100 East Main Street, Room 103, Crawfordsville, IN 47933, and opened and read aloud at 8:00 a.m. local time, October 26, 2020.

The work to be performed and the proposals to be submitted shall include a bid for all general construction, labor, material, tools, equipment, taxes, permits, licenses, insurance, service costs, etc. incidental to and required for this project.

All materials furnished and labor performed incidental to and required by the proper and satisfactory execution of the contracts to be made, shall be furnished and performed in accordance with requirements from the drawings and specifications included in these documents. Plans, Specifications and bidding documents may be obtained from Eastern Engineering per the options and prices listed on the Order page. These sets may include full-size drawings. All payments and costs of Contract Documents are non-refundable. Plans and specifications may be acquired at the following website or by contacting Eastern Engineering directly on or after September 25, 2020:

<http://distribution.easternengineering.com>

or

Eastern Engineering
9901 Allisonville Road
Fishers, IN 46038
Phone 317-598-0661
Fax 317-598-0630

Each proposal must be enclosed in a sealed envelope with the supplied sealed bid notice, bearing the title of the project, bid opening date and the name and address of the bidder firmly attached. The proposal shall be accompanied by a certified check or acceptable ***Bidder's Bond***, made payable to the Montgomery County Auditor, in a sum of not less than ***ten percent*** of the total amount of the proposal, which check or bond will be held by the said Montgomery County Auditor as evidence that the bidder will, if awarded a contract, enter into the same with the *OWNER* upon notification from him to do so within ten days of said notification. Failure to execute the contract and to furnish performance bond to Montgomery County, Indiana, will be cause for forfeiture of the amount of money represented by the certified check, or bidder's bond, as and for liquidated damages. Form 96, as prescribed by the Indiana State Board of Accounts, shall be properly completed, and submitted with bid proposals.

Proposals may be held by the Board of Commissioners for a period not to exceed ninety (90) days from the opening date.

The successful Contractor will be required to furnish a Performance Bond in the amount of one hundred percent (100%) of the Contract price within ten (10) days after award of contract and a two (2) year Maintenance Bond in the amount of thirty percent (30%) of the contract price prior to completion and final payment of the contract.

No Contractor may withdraw their proposal within ninety (90) days after the opening date.

The Board of Commissioners reserves the right to reject any or all proposals, to waive technicalities or irregularities therein, to delete any item or items and to award a contract on the proposal that in their judgement is the most advantageous to Montgomery County.

BOARD OF COMMISSIONERS
MONTGOMERY COUNTY, INDIANA